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ABSTRACT

Designed to provide information on child care options for children with special needs, this manual discusses the criteria necessary to implement services. Section 1 answers questions regarding referrals, resources, and benefits for the disabled child and family, as well as for child care providers and agency staff. Section 2 addresses seven action areas for three levels of program involvement. Specifically, these areas include (1) identifying, recruiting, and assessing providers; (2) cataloging information; (3) outreach and publicity; (4) provider and parent support; (5) the referral process; (6) followup; and (7) evaluation. Section 3 discusses parenting the special child, child care issues concerning providers, parents' choice of child care, and disability myths. Section 4 describes relevant legislation, the report by the Governor of California's Advisory Committee on Child Development, a survey of statewide resource and referral agencies, and problem areas in caring for special children. Section 5 discusses training curricula, trainer resources, special resources, area boards, regional centers, and other associations. An extensive appendix includes an agency mail survey, a parent survey, a phone questionnaire, a sample phone conversation with a provider, a child care provider questionnaire, a special needs cataloging form, a recruiting notice for newsletter inclusion, a parent information intake card, a parent education handout, workshop announcements, and support services file categories. Three pocket guides are also included. (BJD)

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BUILDING A SPECIAL NEEDS COMPONENT INTO YOUR CHILD CARE RESOURCE & REFERRAL SERVICE

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INTRODUCTION

As a child care referral service, you probably receive calls from parents of children with special needs. Perhaps a member of your staff has a disability or a child with a disability. Without appropriate referral resources, undoubtedly you have experienced difficulty and frustration in finding needed services. Similar circumstances led BANANAS to embark on a Special Needs Referral Project. During this project, we learned a great deal about systems, educational materials and dollars required to implement special needs referral services. It is this information which we want to share with you in this manual.

ABOUT BANANAS AND ITS SPECIAL NEEDS CHILD CARE PROJECT

BANANAS is an information and referral service for child care and children's services in northern Alameda County. Ten years ago, as a volunteer organization, BANANAS began the attempt to offer East Bay families general support and child care options. By 1975, our volunteer staff services were in such demand, continuation without financial support was impossible. In June,1975, the San Francisco Foundation awarded BANANAS its first grant which provided the initial funding base for the kind of services now offered. Today as one of the fifty-five Resource and Referral Agencies in California, BANANAS receives its core resource and referral funding from the State Department of Education. It provides services to more than two thousand parents and child care providers each month.

In addition to providing information on child care options (including family day care, child care centers, before and after school care, baby-sitters, play groups, shares and co-ops) BANANAS services encompass:

- A vendor program serving approximately 100 children and infants;
- Educational consultation to new child care programs on parenting issues and the upgrading of services;
- Licensing and paralegal consultation to child care workers and family care providers;
- Pre-crisis information, intervention and consultation on child development concerns; e.g., bedwetting, aggression and sleeping problems;
- Employment referrals to early childhood education job seekers;

- A toy and child care resource lending library;
- Free handouts on issues and ideas about child caring and rearing; and a Guide to free or low cost parenting resources;
- A bi-monthly newsletter with a current circulation of 10,000.

BANANAS has always believed in listening and responding to the family needs being expressed, even if those needs were beyond the scope of the services currently provided; and to plan for future service to meet those expressed needs. Planning for the implementation of new services, however, has required statistical documentation of caller concerns. As an example of the kinds of statistics we keep, during the year 1981 - 82, BANANAS received 24,431 requests for information. Of these, 7,400 were requests for child care referrals and 1,152 additional calls were related to special services. The types of special service requests included:

TYPE	NUMBER
. Special needs identified by parents, child care providers and other agencies	181
. Health advice information	354
. Pre-crisis on warmline counseling	617

Through such documentation BANANAS identified the serious unmet need of organizations and parents for information and service delivery for children with special needs. We found that there was no place to turn for information and that virtually no information existed on providers for special child care needs, in-home care and parent support groups.

How serious this situation was, is best illustrated in examples of calls received:

- "My five-year-old child with Downs Syndrome needs after school care as well as occasional babysitting on weekends. I'm a nursing student and don't have much money."
- "I have a three-year-old in my family day care home and I think something is wrong with him. I don't know how to tell the parents or where they can go for help."
- "My seven-year-old daughter has terminal cancer. I am a single parent and I have to work. But I need child care which is sensitive to her and to her brothers. She doesn't need a great deal of extra attention, yet. But she does need an understanding person and one who can watch for certain physical symptoms. I feel so guilty that I can't

stay home with the children. I'm sure no one will be able to do what I could do for my daughter. I have no choice about working. What can I do?"

- "My baby was just diagnosed as deaf. The doctors tell me I'm lucky to have found out so soon. Do you know of anyone who could take care of him and who could give extra-stimulus therapy for the other senses? It would help if that person could sign, too, because that will be his language, eventually. We can afford to pay about $200 a month, but so far I can't find any place that will take an infant, let alone a deaf one."

These examples and hundreds of others supported the conclusion that there were many parents and caregivers with extraordinary child service needs and nowhere to turn for information.

In reaching this conclusion, BANANAS realized it had neither a system nor a model to use for finding providers for children with special needs. It was strictly a matter of knowing a provider who might be generous and flexible; and hoping there would be space in the program. For despite the passage of legislation impacting on the educational status of children with disabilities, there were no provisions within the legislation for child care services.

Armed with statistics and fueled by frustration, BANANAS approached the San Francisco Foundation for funding; and in the summer of 1980 the Special Needs Referral Project was born. This project was charged with two tasks simultaneously:

- Generation of a model for service delivery; and
- Delivering Resource and Referral services to families of children with special needs.

The project goal of offering parents the same variety of child care options that are available to parents of able-bodied children was based on our overall goal and child care referral philosophy. Within that framework, every attempt is made to match the kinds of referral to the kinds of needs expressed. But because BANANAS does not certify providers, the ultimate selection of a particular provider must rest with the individual. Nevertheless, today, BANANAS, as a result of the Special Needs Referral Project, is able to offer more choices from which to make a selection.

PURPOSE OF THIS MANUAL

The BANANAS Model was shaped by our staff and agency service "personality." We recognize that every agency is unique and what has

worked for us may not fit your style or needs. However, through review of the thoughts shared with you in this manual, your agency may be able "to grow your own" version of a Special Needs Information and Referral Service.

This manual describes what has worked and what hasn't; and discusses questions to help Board and staff assess their interest in undertaking such a project. It includes educational materials either found or specifically written for the project. The manual reviews economic realities of erratic funding and over extended staff and presents a model with three possible levels of service.

Should you decide to plan this kind of service, after a thorough review of this manual, we know the families of your community will be as appreciative as ours have been. That appreciation will make all the hard work worthwhile.

EXPLORING THE POSSIBILITIES

WHY TAKE ON SPECIAL NEEDS CHILD CARE REFERRALS?

Though people with disabilities continue to be excluded from a majority of services...because sidewalks are not ramped; because signers are not available; because people don't know how to relate to people with disabilities...nevertheless, times are changing. Accessibility to public buildings and services is now mandated by law; free, appropriate educational services must be provided to children with special needs in the least restrictive environment; and our country's disabled population is demanding its right to inclusion in the mainstream of life. As awareness of disabilities increases, greater numbers of parents will be approaching you for help in locating child care and services for their special children. Your options will be either to ignore them or to accept the challenge of serving them at varying levels. The more relevant question for most agencies becomes WHEN to take on special needs referrals, rather than WHY.

An agency's decision to serve children with special needs is an acknowledgement of the fact that children with disabilities are children first and disabled second. As do all children, they need friends, developmentally appropriate challenges, and opportunities to experience themselves as people in the outside world. The corollary to this is that parents of disabled children are people first and parents of disabled children second. They need to work; go to school; and have time off, just as all parents do.

Resource and Referral agencies have an important role to play beyond the development of child care options for children with disabilities. In the process of recruiting special needs providers, these agencies can educate the child care community to the similarities of all children, thereby facilitating the acceptance of children with disabilities in the larger community.

WHAT ARE THE BENEFITS FOR BOTH THE DISABLED CHILD AND THE FAMILY?

Economic conditions of the 80's require a majority of women to work. Many families have been seriously affected by cutbacks and reductions in public services which have occurred in these tight money times. The

family with a disabled child, whether a single parent or nuclear family, generally incurs greater expenses than other families. Together, these circumstances contribute to the pressing need for special child care services.

The availability of special child care may be essential to maintaining or being able to improve the quality of family life. It may determine whether the disabled child will remain at home in the community or become institutionalized. Historically, families with disabled children have been unable to separate except through eventual institutionalization of the child (as an adult). Traditionally, the child has been kept at home, isolated and sheltered. The availability of special child care services breaks this cycle of dependency which has been the inevitable result of past practice.

However, from many points of view, it is the child who benefits most from participation in child care programs. In entering a mainstreamed setting (e.g., a family day care home or a center attended by able-bodied children), the disabled child has the opportunity to learn normalized behavior from able-bodied peers; to choose friends; to experience a wider variety of materials and activities than might have been available at home. Also, there is the opportunity to become as independent as s/he is capable of becoming; contrary to children who only experience the world through the family and do not become autonomous. Disabled children, as do all children, throughout childhood, need to accomplish certain tasks: to learn to care for themselves; to relate to other children and adults; and to experience separation from their parents. These are the important benefits such children receive from special child care services.

ARE THERE BENEFITS FOR ABLE-BODIED CHILDREN?

Young children, as a rule, do not focus on the ethnic, racial or physical differences among people. Young children who know and play with disabled children learn to accept differences early. Primarily, the fears and negative attitudes toward people with disabilities observed in older children and adults, arise from a lack of personal experience. Given a positive environment and experience with someone who may need help in certain activities, the able-bodied child can learn to be a nurturing and compassionate person. The able-bodied child also learns how to help the disabled child in appropriate ways and at appropriate

times ... to support rather than to inhibit growth.*

WHAT ARE THE BENEFITS FOR THE CHILD CARE PROVIDER(S)?

To work well with children who have special needs requires a good understanding of child development. The challenge inherent in mainstreaming results in growth for both provider and program. It can offer the opportunity to work with other professionals involved with the special child, thereby increasing the provider's knowledge and seif-esteem. Evidence that working with children with special needs expands a provider's horizons is reflected in this comment:

> "The Special Needs Project has really brought new life into my program. I accepted a child with Downs Syndrome into my family day care home; she also had a speech impairment. She was learning to sign, so I started taking classes in Sign Language. Now all the kids can sign 'cracker', 'dog', 'fish' and, oh yes, 'thank you' and 'please'. They're all very proud."

HOW WILL THIS KIND OF PROJECT BENEFIT AGENCY STAFF?

Referral staff achieve satisfaction from being able to respond to parental and provider need. Where the need is greater and/or more difficult to meet, there is greater satisfaction in being able to do the job well. By increasing an agency's service capability to include special need referrals, the frustration and impotence, which staff may have experienced in attempting to serve the hard-to-serve, decreases.

Just as child care programs often improve through the process of accommodating a child's special needs, staff ability and adeptness in making sensitive referrals for all children improves. Staff become more discerning listeners, able to identify by telephone description the child who needs more than "regular child care".

DOES YOUR COMMUNITY REALLY NEED SPECIAL NEEDS RESOURCE AND REFERRAL? PERFORMING A NEEDS ASSESSMENT.

Because of your awareness of community need, you may have already considered implementing a Special Needs Resource and Referral Project. However, you probably do not have actual documentation of need other than the staff's impression that the need exists. If you wish to add a special needs component, it may require seeking funds. You should recognize that to receive a positive response from potential funding

* Young Children, "Ideas for Mainstreaming Young Children", January 1981, pp.18 -25

sources will require statistical substantiation beyond just your impression of the need. Acquiring statistical documentation will mean performing a needs assessment using two primary sources of information: your own agency data; and data from agencies serving disabled children and their familes.

Performing the following needs assessment steps will provide the necessary statistical documentation:

. Internal Assessment - Logging Special Need Calls:

If you are not already recording special need calls in some fashion, it's time to begin. Every call received, related to services for special children's needs, should be tallied separately. Keep track of:

- The child's age;
- Type and degree of disability;
- Type of care requested (family day care, center, babysitter);
- Type of setting requested (mainstreamed or specialized);
- Geographical location;
- Whether subsidized or fee-paying care is sought;
- Support services requested (transportation, therapy).

. External Assessment - Need identification through Contact with Agencies Serving Disabled People:

Most of the major disability-related agencies are approached at some time by parents seeking child care for their special children. By contacting these agencies and asking them the kinds and number of calls they have received, a broad profile of the community's need for special care and related services can be developed. To obtain as much information as possible, it is suggested that you mail out a written survey (see the Appendices, Page 87) and follow-up with telephone contacts. Consideration should be given to contacting the local branches or offices of the following agencies:

- Public Schools, Office of Special Education;
- Regional Center for the Developmentally Disabled;
- Developmental Disabilities Council;
- Association for Retarded Citizens;

- California Childrens' Services;
- United Cerebral Palsy;
- Easter Seals;
- Department of Mental Health.

. External Assessment - Through Contact with Parents of Special Children:

As your agency has more staff time and/or funding available, you can extend your needs assessment to reach parents of children with special needs. Two approaches are possible:

- Through contact with special classes and schools in the local school district (see Appendices, Page 89);
- Through contact with disability related agencies; e.g., infant stimulation programs, regional centers.

Surveying parents will provide information about the kind of child care which has worked well for parents, as well as identifying gaps in existing services.

ASSESSMENT OF YOUR AGENCY'S RESOURCES AND WILLINGNESS

Once you have substantiated the need for service, there are still major questions to be addressed: does your agency have the necessary resources available; and is your Board and staff willing to tackle such a project? These, then, are some of the issues which are critical to a successful undertaking:

. Board and Staff Commitment:

Desire to provide services usually arises from frustration or idealism or some combination of both. However, commitment, not just desire, is the bottom line for project success. So, the level of Board and staff commitment will have to be ascertained. To do this will require in-depth exploration and discussion of Board and staff feelings as they relate to disability. If staff has expressed frustration in handling special needs calls, it will be important to identify whether the source of frustration relates to personal discomfort around the issue of disability or arises from a lack of agency system to meet caller needs. The kinds of questions you may want to discuss are listed below:

- Questions for discussion with each staff member:
  - What is it about the call that bothers you?
  - What is your personal reaction?

- ° Toward whom is your reaction directed: the parent? the child? the Resource and Referral System? the community? Society? yourself?

- Questions for Board and staff:

  - ° What do disabilities mean to you?
  - ° How do you feel around people with disabilities?

Because attitudes and feelings have a bearing on being able to make a full commitment to the project, you may find it useful to use the information on myths and prejudices around disability and disability exercises in your exploration. (See Promoting Parent-Provider Communication, Pages 60-63.)

. Working Knowledge of the Special Needs Community:

Your most valuable resource to initiate this project could be the staff person who already has knowledge of and/or working relationships with agencies, organizations and individuals involved in disability-related activities. Such a person would be the logical choice to coordinate the development of this service component. BANANAS has found having an "in-house" staff person to coordinate the project and to act as an educational resource to the rest of staff is most workable. While it may be necessary to hire supplemental staff for this project, there are questions which will help you determine the level of working knowledge within the present staff which can be tapped to either coordinate or assist in project development:

- Does anyone on staff have personal experience with a disability ... a child? sibling? parent? close friend? ... which is a basis for both knowledge about and comfort with people with disabilities?
- Has any member of staff prior job experience with agencies serving the disabled community?
- Is there a member of staff who is familiar with special education laws (especially Public Law 94-142 and AB1250, California's Master Plan) and their implementation in your community?
- Has anyone had experience with such programs as the Special Olympics, Infant Stimulation, specialized preschools or specialized recreation programs?

. Personal Qualities Needed for Project Staff:

The basic qualities needed for Project Staff are the same required for any competent Resource and Referral staff: to be

a good listener; to be responsive and sensitive to people's needs; to have a good working knowledge of community services and community politics. In addition, project staff will need perseverance in the face of obstacles (stubborness would be an asset); ability to recognize the growth potential of a child care provider or parent; and a strong commitment to services for children with disabilities.

Special Needs staff do not have to be professionals. Do consider parents of children with disabilities, especially one who has experience in dealing with systems and has learned the constructive use of anger and frustration. However, such a choice must be made with care for a person with too much anger will neither last nor be effective in this type of project. Also, you might consider recruiting staff from the growing number of community college special education training programs. Such programs do a good job of familiarizing students with disability services and issues.

. Existence of Child Care Services for Children with Special Needs within the Community:

A realistic assessment of existing services will be needed to determine both the time and creativity which will be needed to devise solutions to families' needs. In rural areas there may be few resources to draw upon; in larger urban areas there may be resources but it may take time to locate them. While the completion of your needs assessment may have established statistical documentation, now, you may need to further analyze that data or obtain additional information to make a judgement of time, money and number of staff needed for the project. Be sure to include the kinds of questions in your analysis of Internal and External Needs Assessment which will identify:

- What specific programs mainstream pre-schoolers?
- What specialized programs exist for pre-schoolers/infants?
- What before/after school services exist for children... both mainstreamed and specialized?

If your analysis can not answer these questions, you may have to do some additional canvasing of community services; e.g., Parks and Recreation Department, YWCA, YMCA, Children's

Home Society and, of course, parents. If you keep parent intake cards, call them to find out what information they have about the services they are using.

. Information Ties with Special Education Professionals:
Informal and formal ties with professionals, e.g., learning specialists, psychologists, physical therapists, speech and language therapists can provide invaluable project support. There will be times when a provider calls you with concerns about a particular child and you will need professional advice to give both appropriate and adequate information. To have access to such information, you may find it helpful to establish a formal Advisory Committee of professionals, agency representatives, and parents. At the very least, you will want to solicit the support of knowledgeable people who will be willing to consult with you on an informal basis.

. Site Visits to Providers:
Site visits are a reliable and proven tool for assessing providers' strengths, weaknesses and motivation relative to the child care needs of exceptional children. If your agency is presently making site visits, you have an important resource for establishing a basis for initial project referrals. Making use of this resource will only require documentation of observations and transferring relevant observations to your resources file. It should be recognized that on-site visits of this nature do take a considerable amount of time which requires planning for in the use of available staff. If there is not sufficient staff or staff time for site visits, you will need to screen providers by phone. This will be discussed in the review of "Level One" of the three level Model for varying service levels.

. Parent Involvement in your Community:
Parents of children are the source of need and they are also a vital source of support for your project. You may want to ask parents to advocate for the project; to serve on the Advisory Committee; or to participate in provider education workshops and on-the-job training. To locate parents to fill these roles, ask yourself:

- Who are the visible parents of children with disabilities in your community?
- Which parents speak out at school board meetings?
- Who are the parents who would be willing to participate in provider training?

A common problem in some communities is that parents have had to push for service so long they are burned out. If this is the case in your community, you may have to try a gradual approach in enlisting their support. Invite them to sit on your Advisory Committee, first and then see what develops. Keep in mind that parents of very young children in special programs may not have reached the burnout point and may be willing to participate more readily.

There is no set level of resources prerequisite to any agency's implementation of a Special Needs Project. A little bit of everything helps: familiarity with special needs agencies, parents and professionals. Most important, though, is the sense that you have enough support within and outside of your agency to pursue the project. If it feels as though you are "alone in the wilderness," it's not yet time for you to undertake an expansion in services. It will be much better to go slowly and avoid raising people's expectations, unrealistically. You can be sure need will not disappear just because you decide to build this kind of service component selectively and on a case-by-case basis.

Even if it is not time to begin the project, it can be time to begin to develop resources which will be needed for project support in the future. To do that requires only a little expenditure of effort in "retuning" your antenna to build relationships with the special needs community; to talk with people working in special needs and to talk with BANANAS about your concerns and fear about implementing special needs referral projects.

IMPLEMENTING THE SERVICE

There are three possible levels for service expansion by which a Resource and Referral Agency can implement a special needs referral component. Each level requires addressing seven action areas:

- Identifying, Recruiting and Assessing Providers;
- Cataloging Information;
- Outreach and Publicity;
- Provider and Parent Support;
- The Referral Process;
- Follow-up;
- Evaluation.

The three level model provides for sequential implementation with Level One setting the initial foundation for the Special Needs Component. Levels Two and Three will build and expand on the base established in Level One.

To provide a comprehensive review, the three levels are described separately, with the funding requirements and staffing needs identified for each of the levels.

LEVEL ONE

Level One is designed to dovetail with ongoing Resource and Referral (R & R) activities; employing a small amount of specifically designated staff time. A minimal amount of funding will be required for postage, printing, and added telephone costs. Using existing procedures, with some revisions, tasks can be tailored to address each of the action areas.

- Identifying, Recruiting and Assessing Providers:

  Your first major step will be to find out what resources exist in your provider community population. At first, your biggest fear may be that no providers will come forward. Many providers are willing to consider special needs child care but have never been asked to do so. In asking, you may experience the same kind of positive response BANANAS found. Asking providers can involve these approaches: 1) use of Telephone Update Procedures to include asking about willingness to consider special need

children; 2) modification of Provider Intake Forms to include identification of willingness and experience/skills in caring for children with special needs; and, 3) use of a written survey mailed separately (see Appendices, Page 92) or incorporated in your newsletter or other mailings being sent to providers. Further detail relating to each of these may be useful.

- Telephone Update Procedures

  Calling the various types of providers periodically allows the R & R agency to obtain accurate and current information about openings and available services. Staff assigned to this task can be trained to expand the customary line of questioning used for updating information to address identification of special needs capability. Questioning should focus on willingness to serve; the type of familiarity the provider may have with special needs and establish a basis for obtaining more specific information. (See Sample Telephone Survey, Page 90 in the Appendices.)

  An indepth telephone assessment interview of providers willing to care for special needs children could be a part of the regular update process or it could be a follow-up call to identified providers. Such a telephone assessment is limited in that you can only assess what is being conveyed verbally. On-site visits may contradict these impressions through observation and further discussion. Nevertheless, the telephone interview can gather basic information from the provider and offer the provider important information.

  ° Information to be Gathered

  * What does the current program involve?
  * What has been the experience with special children?
  * Has the provider had specialized training?
  * What is the basis of interest in providing special needs child care?

  ° Information to be Offered

  * Specific services your agency can offer to the provider of special child care;
  * How your agency's special needs component works;
  * What kind of training you are or will be offering.

During the interview, take time to pursue answers. The clearer the information is about the provider's background, interests and skills, the more appropriate your referrals will be. Be sure to answer as completely as possible any concerns about the project or children which the provider may have. Attitudes toward disabilities, e.g., pity, fear, openness, condescension, as well as motivation for becoming a special needs caregiver should be noted. Listen for genuine expressions of interest in the well-being of the special child. Try to determine how realistic are the provider's views of self and children with disabilities. Probe for acceptance or judgement of parents of special children, remembering that sensitivity to parents is critical to the successful provider-parent relationship. (See Sample Phone Conversation, Page 91 in Appendices.)

The task of telephone assessment interviewing can be made easier if both telephone and written survey approaches (described below) are used for identification and recruitment. The telephone can and will provide good clues, but people tend to provide additional comments in responding to written questions. Together with the in-depth assessment interview, you may be able to obtain sufficient information to make valid referrals.

- Modification of Provider Intake Forms

To your existing intake forms for new providers, the following questions can be added:

  - Would you consider caring for a child with special needs?
  - What kind of experience or skills do you have?
  - Are there any limitations on the type of special needs you would consider?

For those who respond positively, more detailed information can be solicited by the completion of a mail or telephone questionaire.

- Written Survey

While a copy of the BANANAS Survey is included for your use in the Appendices, you may want to modify it to suit your community. A question you may wish to include,

which we did not, relates to fees charged for children with special needs. Some providers will charge more than the regular fee and some may wish to have the option to negotiate fees with the parent. Your survey may be structured in such a manner to alert providers to supplemental funding available from other agencies for special services. If your agency plans to offer provider training, it will be wise to include questions which will assist in the scheduling of training.

Your recruitment and identification approaches will surface three general kinds of respondents:

- Unacceptable Special Needs Providers

  There are providers who see special needs care as a means to increasing revenue; or they have negative or naive ideas about what it means to care for special children. Unacceptable providers can be identified by telephone screening or by site visits(discussed in Level Three). However, you should be alert for such statements as: "I love those little crippled children"; "I can't have a kid with the 'fits' in here"; or, "Sure I'll take a retarded child. You don't have to do anything for them. They're happy all the time."

- Untrained Providers with Growth Potential

  These providers have a good sense of child development, as expressed by action, attitude and program design. Because they are sincerely interested in children with special needs, they can, with training and support, become competent special needs caregivers,

- Highly Skilled or Experienced Providers

  These include former special education teachers, LVN's, RN's, people with hands-on knowledge of disability gained through personal and professional experience. Also in this category will be resource specialists and staff of mainstreamed centers.

Because your agency offers quality service, you will want to screen out people who neither demonstrate skill nor potential

growth related to special needs. Keep in mind that the purpose of your special component is to present viable options from which parents can choose an appropriate setting. In Level One your screening will be done through your telephone assessments, adding information to your intake forms and by distributing written surveys. Once you have gathered information on providers, your next step is to design a system to catalog it.

. Cataloging Information:

As you receive information and responses to surveys and assessments you will need to catalog and organize it into a usable system. There are many ways to do this to take into account provider geographic location, experience,skills and specializations. BANANAS chose to quick-reference existing referral card files by using an "SN" (Special Needs) stamp on the provider card and to maintain a separate binder for the detailed information needed to facilitate referrals.

The binder was divided into two main sections, each with subdivisions. The first section cataloged providers according to geographic areas of service; the second subdivided providers according to broad categories of disabilities. The disability categories used included: physical disability; communication disorders (i.e., speech and hearing); developmental disability (i.e.,retardation); visual disability; emotional disturbance; health impairment; learning disability; and neurological handicap.

One problem with the system, as originaliy implemented, was that a provider who was willing to consider any disability was listed several times in the binder's Disability Section. In many instances that provider had no specific expertise in any particular disability. The result was to defeat the original intention of pinpointing providers with specific skills. Because we have found it necessary to make revisions to correct the problem, you may wish to establish, at the outset, an identification category for providers with general potential in your cataloging system.

Whatever cataloging approach is used, do take into consideration:

- A format which will compliment your standard referral files;
- Assigning one staff person overall responsibility for coordinating and reviewing cataloging for accuracy; and

- Insuring all staff have knowledge of the use of the system.

(See sample cataloging forms in the Appendices, Page 94.)

. Outreach and Publicity:

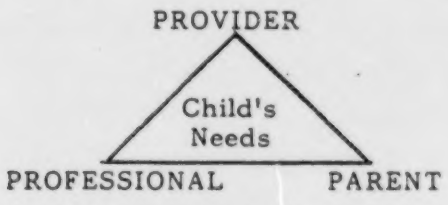
Advising parents of special children that you can assist them to find child care will require outreach and publicity. To insure that a realistic expectation of your services is established, the following communication guidelines will be useful:

- Emphasize that the special needs referral services parallel your existing services;
- State with clarity that you have not redefined the agency as a certified special education placement service;
- Always indicate that the choice of setting which will best meet the child's needs is up to the parent;
- Constantly remind people that you can only offer the options which exist within the community.

When you've completed the first round of recruitment, identification and assessment activities, and have the special needs referral system in place, it's time to let the community know about your new service. You will want to get this information to as many agencies and parents as possible. You can accomplish this by placing notices in your newsletter, newletters of other organizations and by sending out a Letter of Announcement (see sample letter in the Appendices, Page 99).

. Provider and Parent Support:

Provision of training to providers and educating parents, agencies and professionals are essential elements of provider support. Your principal role is to encourage and facilitate communication among all members of the day care triangle:



Using a training/education approach through use of workshops, informal counseling and dissemination of information, several needed developments are possible:

- Providers Develop
    - ° Compassionate attitudes toward parents of children with disabilities;
    - ° Perceptions of parents as partners in child caring;
    - ° Recognition of the range of parent emotions;
    - ° Confidence in seeking and relaying information.
- Parents Develop
    - ° Realistic approaches to choosing providers;
    - ° Candidness with the provider about a child's disability;
    - ° Ways to teach providers everyday necessities in the care of the child;
    - ° Methods of serving as an educational resource to the provider.
- Agencies and Professionals Provide
    - ° Shared expertise, either directly or indirectly, through participation and contact with your program;
    - ° Expanded support network for providers.

By recruiting parents, members of parent support groups of other agencies and professional expertise, several provider workshops can be offered:

- The Experiences of Parents with Children with Disabilities

  Our workshop presented a panel of parents of children with disabilities who, in the context of the grief process, related their personal experience. During the workshop, parent anger, denial and sadness surfaced. In this setting providers were given permission to ask questions which they had felt unable to ask parents they knew.
- Identifying Children with Special Needs in Your Program

  By presenting a discussion of normal child development and quickly identifying atypical behavior, the BANANAS workshop helped providers focus on children who might have disabilities. Further discussion developed ways to talk to parents about provider concerns. (See training materials, Resources Section, Pages 75-78.)
- Educating Parents in Selecting Providers

  BANANAS has found that whether or not this is approached through the workshop format or telephone counseling, parents need coaching in how to evaluate providers they visit; how to choose a provider; and how to work with the provider

around their children's needs. It has been our experience parents of special children need this help even more than other parents. Often they are so desparate to find help they are less than open in discussion with providers about their children. This lack of forthrightness contributes to difficulties, bitterness and broken relationships between parents and providers. For this reason, you will want to direct a major education effort toward the parents you serve.

The amount of provider training your agency can expect to offer will depend on available staff time for training development, resources, contacts and information on hand related to disabilities. However, the time and effort needed can be reduced, somewhat, by coordinating with other agencies and tapping their resources. Important resources to contact for informal training capability are disability-related organizations, local professionals or specialized child care programs.

. The Referral Process:

To adequately discuss the Referral Process review of the following is necessary:

- Kinds of Referrals;
- Sources of Referrals;
- Making the Referral;
- Referral Follow-up.

A full discussion of each of these topics follows.

- Kinds of Referrals

  Generally, there are two kinds of requests for referrals: Child Care and Referral for Other Services:

  ° Child Care Referrals

  The majority of calls received will not involve children with severe disabilities. The most common call is for child care or services for a mildly to moderately disabled child. Even able-bodied children vary in the time at which they develop various skills and, during the early years, developmental differences are not so apparent. This means in referring to a mixed age-grouping a delayed child can easily participate with

the younger children. In this respect, parent calls for referral of the moderately disabled younger child need not deviate from regular child care information requests. There will be differences to be considered in the referral request for the older or adolescent child. Some teenage children with disabilities require supervision because they are not self-sufficient enough to care for themselves after school. So you can expect calls from parents of 14 or 15 year olds with disabilities such as Downs Syndrome looking for an after school setting, either mainstreamed or specialized or even a one-to-one, home babysitting situation.

° Referral to Other Services

Other calls you may receive will relate to referral requests for diagnostic, educational, recreational and psychological services. At Level One, it is not realistic to assume responsibility for such referrals. You can and should, however, refer families to the local school district and/or agency associated with the child's disability. If you are unclear about the nature of the problem ... if you're unsure, the parent may also be unsure ... make a referral to the Public Health Department or the community's best known clinic. The Public Health Department referral can result in a family visit by a Public Health Nurse, who, then, can make a referral based upon observation.

- Sources of Referrals

If your outreach and publicity has emphasized direct referral services to parents, the majority of calls will be from parents; but you may receive calls from providers, also. These calls may relate to discussion of the following:

° Appropriateness of the provider's setting for meeting the needs of a particular child;

° Obtaining alternative referrals to be passed on to a parent;

° Methods for speaking to parents about the issues around a child; or

CS

- Seeking resources to enable a child to remain in the provider's care.

Three other sources of calls which require further discussion are those received from agencies, disabled parents, and other professionals.

- Agencies

  Among calls BANANAS has received from outside agency personnel seeking referrals for families with whom they are working are these types:

  * The Public Health Nurse's identification of a family with unmet child care needs;
  * A Regional Center social worker who has funding assistance to pay for child care but can not locate a provider;
  * The hospital social worker searching for a program willing to integrate a child with health problems;
  * A speech clinic seeking a normalized setting with emphasis on language development for a child with a communication disorder.

  It is often difficult to provide competent referrals in these situations which are second hand contacts with the family. When a caller is unable to give specific information about the child's and the family's needs, it is our policy to advise the agency to have the parent call directly.

- Disabled Parents

  A difficult need to meet is that of the request for a referral from a parent who has a special need, e.g., a blind or deaf parent of an able-bodied child who requires a special provider because of his/her own disability. In the instance of a deaf parent of a hearing child, the provider must be able to sign to communicate with the parent and may need a program capability to assist the child in speech development. Children of deaf parents are usually speech-delayed. Also, there are difficulties in cases where finances are a problem. Special program funds are earmarked for children but not children of parents with disabilities.

In some cases, it will be difficult to find providers capable of offering extra support to a child with no apparent special need who must support and accept the parent's limitations. This is particularly true in cases involving emotional disturbance. In these situations, there is danger that the provider will become judgemental about the parent and communicate this in some manner to the child: either in taking out frustration on the child; or in undercutting the child's relationship with the parent. These circumstances require support and nurturing of the parent-provider relationship. Assessing your ability to offer this kind of support or to enlist needed support elsewhere should be considered in the development of appropriate referrals.

° Other Professionals

You may receive calls from private professionals, doctors or therapists working with individual families who have special children. As with the agency call, they may not have adequate information about the child's or the family's needs. While some professionals will respond positively to your request to speak directly to the family, others will prefer to act as the family intermediary. Where this is the case, you will need to ask that they provide you with specific information about the child's disability, needs, parent's schedule, pertinent facts about the type of care desired and information about financial assistance needs. You will want to advise them of any support you can offer parents and providers in the childcaring relationship. Also, it will be necessary to impress upon them the parental responsibility (or their responsibility if they choose to follow through as an intermediary) for selecting and contracting with the provider.

- Making the Referral

At the beginning of the Project, the BANANAS staff was filled with panic at the request for specialized child care. This happened because the problems associated with the

disability overshadowed perceptions of the child beneath the disability. The best way to get your bearings, while acknowledging the caller's request for specialized care, is to ask the same questions you ask of all parents:

- What is your name?
- Where do you live?
- Where would you like care located?
- How often do you need child care?
- How old is your child?
- What kind of setting and provider is needed?
- Do you have other children?

Obtaining this information serves to remind you that you are dealing with a family and its child care needs just as you always do in Resource and Referral work. However, having gathered the basic information, don't be afraid to ask parents questions about the nature of the disability involved. Being straightforward and friendly in your questioning will enable parents to respond openly. While you may want to know the medical diagnosis of the child, the real purpose of your questions is to get a clear picture of the child's capabilities and limitations: what can the child do; what things are difficult; and how are things different for this child. You really want to know what the diagnosis means in relation to the kind of care needed. Using a card with a prepared checklist of questions will be helpful. However, questions should be asked in a relaxed, conversational manner. If you sense the parent is in a hurry, or if you are, set up another time to continue with the referral process. It may take as much as a half hour to get all the necessary information so don't try to squeeze questions into a tight time slot. Special needs information should be obtained for these areas:

- Communication - how does the child communicate needs?
- Mobility - how does s/he get around?
- Eating - does the child require help to eat?
- Toileting - is the child trained and how is toileting handled?

- ° Peer Relationships - does the child relate to children its own age?
- ° Special Requirements - anything unusual required?
- ° Medication - what kind and how often?
- ° Desired Setting - regular or specialized?
- ° Present Educational Setting - mainstreamed or specialized?
- ° Type of Person Envisioned as Caring for the Child - should the person be a trained expert or can it be someone who isn't highly trained but who is sensitive and able to follow instructions?
- ° Support Services now Utilized - who; what kind; and are they willing to work with the provider?

This information should be recorded and attached to the parent card (see sample card in Appendices, Page 94).

During the course of the interview, you may feel overwhelmed by the extent of need or anxiety expressed by the parent. These parental feeling may be stated openly; or, through suppressed tears. The desire for you to make decisions, also, may be communicated. Assure the parent you will help to locate resources and convey confidence in the parent's ability to make the right decisions in selecting the provider. You may find it inescapable and quite appropriate to give some limited counseling during the telephone conversation. At the very least, acknowledge the caller's feelings by saying, for example, "It sounds like you are having a hard time." This can go a long way in relieving the parent of the pressure felt.

At this point, you may be ready to offer referrals or you may need to do some research and call the parent back. Because parents of children with disabilities experience a great deal of rejection in the search for resources to deal with special needs, we offer the parent the option of making the calls to providers directly or having us short-circuit the rejection process by making calls to locate willing providers, first. By our calling the provider, first, the provider has the opportunity to say "no", or "this is a bad time" or "I don't have an opening" without worrying

about the parent's feelings. Because our goal is to offer the parent the names of at least three providers willing to consider the child and willing to listen to the parent, this process takes time. At Level One, you may not be able to offer this kind of screening option or you may decide to offer it selectively. You should do it at least once or twice, at this Level, as a part of your own education.

If, in the referral process, you promise to call parents back, be sure to call when you say you will, even if it means saying you have no information yet. Parents of special children live with many unfulfilled promises and it is unfair to contribute further to this kind of negative experience. Once you have completed your referral process urge the parent to call you back if the referrals don't work out, saying,"We'll look for others."

- Referral Follow-up

While you want to encourage parents to take responsibility, you should recognize that because of past experience they may put off making calls or have been further discouraged. Telephone follow-up allows you to offer support to the parent and,potentially, to iron out wrinkles in the parent-provider relationship if a provider has been selected. Telephone follow-up for every referral may be unrealistic, but selecting several referrals for follow-up is a must. Aside from selected telephone follow-up, sending the parent a follow-up letter (see sample in Appendices, Page 97) re-iterating the information given during the referral process may encourage the parent to move forward and to recognize your concern.

Telephone follow-up calls should be made about two weeks after you have made a referral. At this time you will want to learn how the referral worked out and if the parent found anything objectionable. If you find the referral(s) hasn't been checked out, don't pressure. Offer your

services again. The parent may not be ready to separate from the child and the request call was merely a way to check out feelings. If you learn that a provider has been selected, make sure to find out who the provider is and whether the parent has passed on important information to the provider. Encourage the parent to keep in touch; to let you know how things work out over time.

When you learn that a provider has accepted a special child, call to offer information and support to that provider. In doing this, you will be in a position to facilitate the development of a strong, positive relationship between the parent and the provider. Also, in the event the situation does not work out, you will be in a position to ease the separation and assist both parties to realize it is not a case of "good guy" or "bad guy" but rather that relationships don't always work out in the way everyone hoped they would.

- Evaluation

Calling parents back to see if referrals have worked out is your best source of evaluation. Write down all outcomes; look for patterns which can tell you where you need to refine services or to recruit more providers. This kind of periodic review of the evaluation information being collected not only allows for improving existing service, it can assist in making the decision to move to the next service level.

LEVEL TWO

Because service delivery at Level Two implies more interagency communication and coordination, and in-depth support for parents and providers, it implies additional funding to meet greater allocation of staff time. The volume of calls received, the number of resources already identified, the number of providers identified and recruited, and how extended your current staff is, are all factors which will influence the amount of additional staff time needed to implement this level of service. In implementing Level Two's increased individualized service to parents and to providers and developing the new materials and training services needed, BANANAS needed to assign the equivalent of a half to three-quarters of a full time staff person. In addition, BANANAS provided

the project administrative, accounting, printing and postage support, as well as labor for large mailing projects.

The new approaches and emphasis for each of the seven action areas are discussed fully for your review.

. Identifying, Recruiting and Assessing Providers:

During Level One, you were expanding identification of providers and experiencing an increase in parent requests for services. To offer providers and parents more individualized service will require the identification and coordination of even more agencies. You will want to augment the procedures initiated at Level One.

Because there may have been changes in provider services and because you need to keep information current, you will need to update your files. This can be accomplished by mailing out the comprehensive survey (noted in Level One) to all providers on file or on mailing lists. Also recruitment of new providers can be undertaken through use of local media and attending meetings of day care associations or other disability or provider-related organizations.

For media use, prepare a short press release which covers who you are; how your service works; the kinds of people you wish to recruit (babysitters, family day care centers, etc.); and who the interested party should contact. Be sure your blurb focuses on recruitment and not your services. Once prepared, the release can be sent to local college placement officers, special needs agencies and organizations, and the local volunteer bureau, as well as to the media.

Atending meetings of various organizations gives you an opportunity to answer questions and to explain your project goals. In doing so, you will meet potential new providers and, at the same time, open channels for indirect recruitment. To increase the effectiveness of recruiting by attending meetings, it will be helpful to distribute a pamphlet prepared especially for providers. Such a pamphlet asks and answers questions providers may have about offering special needs care; gives minimal education about special needs; and lists a few resources such as disability-related agencies, books for children and adults. The BANANAS pamphlet, "Can

I Care for a Special Child?" (See copy in the pocket of this manual) is distributed at community meetings; is available as a free handout at the office; and is mailed to new providers with the special needs questionaire.

Just as at Level One, each new provider, identified and recruited, should be assessed through the telephone assessment interview process.

. Cataloging Information:

The increase in new information and the need to revise existing information may create an overload for your Resource and Referral System. If you have not instituted a separate way of cataloging special needs child care providers, you will want to do so now. Because easy information retrieval is essential to the handling of the increased volume in service requests, take the time to review your cataloging system and make any revisions necessary to facilitate your referral process. At the same time, you may wish to establish a "tickler" system or other procedure to ensure timely follow-up with providers and families referred to child care.

. Outreach and Publicity:

As you begin to address a more general audience, it will become more important to explain in detail what your agency actually does: i.e., you offer child care referrals but do not place children. This is most important in a special needs project because most other agencies in the field relate to educational placement and extensive supportive services. To clarify your services, various publicity approaches can be used. While you can use the same announcement letter/press release used in Level One, you will get better coverage if you present information in different ways. Most newspapers will print a small press release although they may make cuts. Develop a variety of releases featuring human interest situations which you've encountered. Some of these can also be used in preparing public service announcements for radio and T-V use. Using your written press releases or public service announcements as mailouts to community agencies, schools and clinics is another way to publicize your service.

In addition to special publicity efforts, you will need some ongoing methods to advertise your special needs services. If your agency's flyer/brochure is due for reprinting, it can be revised, prior to reprint, to spotlight the special needs component. It may make the service more visible to write a one page insert for your brochure. This approach can be used without reprinting the entire agency brochure.(See sample brochure insert in the pocket of this manual.)

. Provider and Parent Support:

While parent support was really the principal focus for Level One, your emphasis at Level Two will be the development of one or more forms of training for providers. There are several possibilities discussed here, all of which may not be necessary or congruous with your style or resources. Through the use of your provider survey, you will have identified whether or not formal classroom, workshop, lecturers or on-the-job training will be most appropriate.

- College-Sponsored Training = Their Course

  Use of this approach means, if it is not already being done, convincing the local community college Child Development Department to offer courses specifically designed for the special needs child care providers. The advantage of this approach is that it relieves you of the time required to develop a curriculum; and either teach, or hire an instructor to teach the class. The disadvantage is you will have no control over the end result. For training to be successful, the course design and the instructor must be responsive and sensitive to a wide range of educational levels among providers and the importance of the role family day care providers play in the lives of both able-bodied children and children with disabilities.

- College-Sponsored Training = Your Course

  A second approach to developing classroom training is to negotiate a cooperative sponsorship with the community college. In this arrangement, you develop course content, choose the instructor and the college offers credit, possibly space and instructor reimbursement. BANANAS began with

that type of arrangement, but as the economic climate for the local college system worsened, we have had to retreat to a situation in which the college offers only credit. We have found space and paid an honorarium to instructors. Credit being an important motivator for providers to enroll, we have felt continuing under these circumstances to be worthwhile. In your area, conditions may warrant attempting to negotiate a more generous arrangement than we presently enjoy.

It has taken hard work, over time, to develop and maintain a strong working relationship with the community college so that courses are offered to our population of child care providers. As a result, classes are offered as discrete entities, with some held on Saturday mornings. These provisions take into account the stressful schedule family day care providers and child care center workers endure and the reality that not everyone is able to attend a full series. While BANANAS has been involved in the development of courses offered, we do not certify providers who attend. We have issued certificates of attendance and appreciation but these are not based on the attainment of provider competency.

- Resource and Referral Sponsored Workshops

In the use of this option, no academic credit is available for providers attending and there is no co-sponsoring agency. You have total responsibility for selecting topics, speakers, films, necessary equipment and space, writing and distributing publicity.

Workshops offer enriching experiences for providers by bringing them in contact with varying points of view and resources, and with each other. You may choose to provide single workshops or a series of topical workshops. (For ideas for workshop topics, see Workshops Announcements in the Appendices, Pages 98-100)

You may choose to pre-select topics and find speakers; or contact agencies to ask if they have speakers available and what they might be able to present. In addition to this approach, a number of agencies sponsor their own training

programs and you may be able to connect with them if the training they offer is appropriate for the types of providers with whom you are working. Try calling such agencies as the Regional Center, United Cerebral Palsy, Children's Home Society, Headstart, or the local school district to find out what workshops they offer and if they would be willing to open them to community child care providers. (See Trainer Resources in the Resource Section, Page 76.)

- On-the-Job Training and Support

On-the-job training (OJT) differs from other training approaches in that it relates to a particular child (or children) and takes place in the particular child care setting. The parent of a child with a disability is the best source for an OJT instructor. S/he not only affords the provider a connection to other agencies and professionals who work with the child, but can demonstrate everything s/he has figured out that works for the child.

Your Resource and Referral staff can facilitate other on-the-job support to insure that the parent includes the provider in any planning/implementation around a child's needs by:

- Suggesting or making arrangments for a provider to visit any other program the child attends, e.g., infant stimulation program, language program, etc.;
- Contacting the school district to request on-site consultation services to the provider. This may be possible through school district administered State Preschool Incentive Grants intended to deliver services to special needs children in child care:
- Providing ongoing support to the provider by telephone or on-site visits.

The latter may include only an occasional telephone call or involve some difficult problem solving. Being able to provide ideas, books to read, people to talk to, and just hand-holding can be the deciding factor in the provider's decision to accept a child with special needs.

At this Level, you may wish to implement a provider support group. Advice from someone in your same situation can sometimes be more valuable than expert advice. The support

group allows for an exchange of questions, information and peer advice, on a monthly basis. BANANAS began a support group for providers caring for special children but it soon became a support group for family day care providers for non-disabled children, as well.

In any training or support offered, encourage childcare personnel with basic credentials to work toward an early childhood/special education credential. Try to connect them with resources which will help them nail down that credential. Well qualified, trained providers skilled in all aspects of caring for special children are important to your community. The kind of training you can offer and which BANANAS has offered is only a beginning. When we began our training and support efforts we envisioned the outcome would be a pool of highly skilled providers. We soon learned this was unrealistic because of the many and unique special needs. There was no course which would encompass every child caring contingency. As a result, we modified our expectations and now recommend plans and sessions which focus on these broad areas:

- Attitudes toward disabilities and handicaps;
- Understanding the impact of a child with disabilities on the family:
- Promoting communication between parent, provider and professional;
- Overview of disabilities;
- Adapting sound child development principles to the requirements of the child with special needs;
- Understanding the role of a child care provider.

This is not to say you should eliminate classes on specific disabilities. We found providers want specific information regarding such disabilities as speech and language disorders, and information on working with children with emotional disturbance. However, you should always try to focus on the skills which will help the provider mobilize resources to help care for the specific child currently or prospectively in the care situation.

. The Referral Process:

While the referral process at this level remains essentially the same as at Level One, you will spend more time screening and

researching potential referrals. Now you are more fully ascertaining the provider's space availability, interest in the child and the child's needs, and willingness to talk with the parent. This process, involving the calling of a long list of providers, may take several days before you are able to make the promised call-back to the parent. The process may require additional prescreening not accomplished during the telephone assessment interview to decide precisely which settings offer the best referral potential. During this additional prescreening, take time to build personal contact connections and to inform them about your agency's services. This will allow you to personalize your knowledge of providers and, in making the next contact, speak to a person who knows of your work.

Because your approach now is to individualize service, you may want to meet with the family in person. In-person consultations with parent and child allow you, through first hand observation, to overcome the limitations of what is unsaid or unseen during a telephone conversation. There is the added advantage in that you will be able to give a potential provider specific information about the child's capability.

At Level Two, in-person consultations should be performed selectively, with first priority given to the parent who is unable to describe clearly the child's problem or condition. A second priority would be the parent who really wants or needs to talk with "someone" in person. As time and energy permit, in-person consultation may be offered to others.

The consultation approach uses the same questioning techniques used in the telephone referral process. However, the presence of the child will answer some questions without the need to ask and may suggest others which will allow you to gain enough information to become more familiar and comfortable with the child, the child's disability and the family.

. Follow-up:

The same follow-up process used in Level One will be used for Level Two. Just do more of it. Because there were so many new things to do during Level One, some follow-up may have fallen through the cracks. To correct that situation, make the

establishment of firm follow-up schedules a high priority at this Level.

. Evaluation:

Just as you did in Level One, continue to perform periodic review, analysis and evaluation of your project. This is essential to maintaining quality service and community and parent support.

LEVEL THREE

This service level implies not only locating child care for special children, but also direct involvement with Search and Serve activities, intensive coordination of service delivery, and more provider training. Level Three includes greater involvement with the family and provider to insure they are appropriately connected. Also at this Level, on-site visits will be performed to screen and assess providers, more fully. To accomplish these tasks and to integrate them into the basic seven action areas will require developing or creating new tools and resources, as well as staff skill-development in a number of areas:

. Child Development Knowledge;
. Understanding of Disabilities;
. Interpersonal Communication;
. Working Knowledge of Laws and Services affecting Disabled Children;
. Developing Connections in the Special Needs Community;
. Assessing Program Strengths and Weaknesses;
. Adaptation and Communication of Information to all kinds of Providers;
. Spotting a "Diamond in the Rough."

Clearly, then the complexity of Level Three presumes a fully funded project.

Aside from the full refinement of your services, resources and staff will be needed in the development of:

. Special Needs Support Service File:
. Ongoing Staff In-Service Training;
. Networking with other Agencies;
. Assessment and Training of Child Care Providers.

Further definition of each of the above is provided for your review.

. Special Needs Support Services File:

This is a resource file of services and agencies directly related to or supportive of families with special children. In Levels One and Two, you referred families to the major disability agencies for information not directly related to child care referral. In Level Three, you are undertaking responsibility for locating, classifying and referring parents directly to all needed services available within the community. By creating a support file, you are able to respond to the total family situation because you've identified and cross-referenced a comprehensive list of resources. As an example, your efforts may have uncovered the fact that United Cerebral Palsy not only serves this population but also operates an equipment exchange which will loan a wheelchair on a temporary basis to a family with a child in a body cast which is financially unable to rent one. Other examples which demonstrate the possible coordination of referrals as a result of a Special Needs Supportive Services File are:

- Referral to School District Special Education Services

  There may be circumstances where a family feels unequipped to negotiate with school personnel, e.g., language barriers. Without other assistance, a direct referral may not be successful. A second referral to secure advocacy support for the parent will be necessary to make the first referral to the school district work.

- Parent Support to Ensure the Success of the Referral for The Child

  During the course of the referral process, it may become obvious that unless the parent has access to some emotional and counseling support, there will be difficulty in achieving a positive outcome for the child. A specific situation might be the intense expression of confusion and isolation by a parent of a child with learning disabilities looking for an after-school program. Referring the parent to the California Association for the Neurologically Handicapped will put the parent in touch with both information and other parents "in the same boat." This support will help the parent achieve better understanding of the child and how to work

with the provider of special care.

Developing the Special Needs Supportive Services File with sufficient categories (see Supportive Service File Categories in the Appendices, Pages 101-103) will require some digging time to find everything in your area. You may want to recruit volunteers or hire hourly workers to help initially. Once you've established the initial file, you will need to assign responsibility for the necessary and continuous maintenance of this file. Programs come and go; agencies move; eligibility requirements change, all requiring correction and update of the file. Requesting to be placed on an agency's mailing list at the time of the initial contact, will help you keep abreast of changes and other developments.

. Ongoing Staff In-Service Training:

Two possible approaches allow staff to learn about the problems families face and the possible solutions to be found. Specific training sessions can be developed or the "case study presentation" method used during staff meetings. Whichever approach is used, the more staff can be helped to broaden their knowledge of the field, the better your referral capability and success will become.

. Assessment and Training of Child Care Providers:

Increasing your ability to assess providers, at this level, will mean site visits to providers who have indicated either willingness to give special needs care or skill in offering special care. Visiting will become an ongoing activity and a long-term process, given the steady turnover of child care providers, especially in family day care. To begin this activity, start with the providers and programs which seem most promising and which span the length and breadth of your geographic service area.

BANANAS set aside one day a week to make three visits. Two staff people went together on each visit. From the differing responses of each staff to the provider, we learned more about the provider and began to understand differences in parent preferences. This helps us maintain an openness to a wide variety of styles from which to offer parents options. The visit to a potential special needs provider serves several

purposes:

- Assessment of the child caring environment for safety, accessibility, and stimulation of the child;
- Ascertainment of the extent of the provider's interest in caring for special children;
- Determination of the provider's specific skill and child development knowledge;
- Identification of a provider's willingness to learn and the potential for growth;
- Consultation around concerns the provider may have about children in the care setting;
- Explaination of how referrals will be made.

BANANAS did not attempt to develop an objective screening tool for use during the site visit. Even though most of our impressions were subjective, we were able to screen out those obviously inappropriate as referrals because of attitude, facility, program structure or other limitations. Each visit, generally, was limited to half an hour so as not to interfere with the provider's work. During that time, these kinds of questions were usually covered:

- How did you become interested in caring for children with special needs?
- What has been your personal experience with people or children with disabilities?
- Have you had any formal training related to disabilities?
- What is your experience or training in child development?
- What is your routine with the children in your care; tell me about your program?
- Would you be willing to have someone come to your home or program to work with you and the child; for example, someone from an infant stimulation program?

Questions designed to convey some of the realities of caring for a special child were asked, also:

- How do you feel about caring for a five-year-old child with no bowel or bladder control?
- What is your procedure for giving medication?
- Would you care for a child receiving medication for control of seizures who could possibly have one while in your care?
- How would you care for a four-year-old child who has frequent temper tantrums?

Most people and most providers have a stereotypical image of children with disabilities. They might need accurate descriptions

from you to help them determine whether they have a realistic picture of what care involves. If their closest association with disability is the Annual Jerry Lewis Muscular Distrophy Telethon, you will ask more questions. Disabled children are as individual in personality and disability as are able-bodied children. Very few fit the "polio poster girl" image.

During the visit, we asked about willingness to attend training. Usually the answer was, "Yes." However, of all the providers listed in our files, about thirty valiant souls would show up when classes were offered. Of course, some of those not in atendance had been assessed during the home visit as sufficiently skilled or with potential skill to integrate special children into their care setting. Hence, we did not make it a requirement for receiving a referral that they attend classes. Conversely, there were providers who attended classes who we then realized, through home visiting, were not appropriate caregivers.

One aspect of training which BANANAS hoped would succeed but didn't in the amount of time covered by the grant, was the development of a way to offer providers a practicum experience in working with special children. Several programs that served children with disabilities were approached about their willingness to orient interested providers to their specialized programs. Few providers were able to respond to this kind of opportunity, largely because they are working full time and do not have access to respite workers. A few providers who were already caring for specific children found it extremely valuable to visit the special program attended by a child in their care. This should be encouraged whenever possible.

Another aspect of training which can be initiated at Level Three is the on-site consultation. Two areas for which on-site consultation may be helpful are:

- Providers asking for advice in integrating a special child in care;
- Providers who express concerns about and don't know what to do with a child presently in their care.

In previous levels you would have attempted to help by phone. At this level, with staff trained in aspects of child development,

you can assist the providers by on-site consultation. Your role in consultation is to problem solve and to offer appropriate referrals based on what you hear and see. It is not to offer direct remedial services to an identified child in care nor is it to diagnose an unidentified child. You may be able to validate the provider's concern and assist in getting an evaluation for the child; or you may ascertain that the child's development falls within the normal range and recommend some curriculum or routines to address problem areas.

The final aspect of Level Three Training and Support will address the organization or development of specific written educational materials. Providers need tools to help them:

- Identify children with special needs who may be in their care;
- Talk with parents about their concerns; and
- Successfully integrate children into care.

To assist providers, BANANAS prepared a "Guide for Providers" which you may find useful. It is included in the pocket at the back of this manual.

IN CONCLUSION

The development and implementation of the BANANAS Three Level Services Model is a long and arduous process. For us, it has meant expansion from a simple concept of assistance to a comprehensive delivery system. During the process, we have experienced not only agency growth but personal growth. We have become and are recognized as an important element in the community of services to people with disabilities.

An important way in which BANANAS was able to realize a fully funded special needs component was through receipt of a State Preschool Incentive Grant. The purpose of this grant, for which we applied and received during the first year of the project, was to provide direct services to children in child care. With this grant our services became full circle: if a child, not previously diagnosed as having special needs, had trouble in child care, we were able to hire a consultant to visit, observe, do some screening, and make recommendations to the family. At the same time the consultant could do some work with the provider or teaching staff. Or, if the provider was integrating a special child

into the program, we were able to coordinate that effort and reimburse the provider for time spent attending classes or pay a substitute to cover the regular work responsibilities. Unfortunately, since that time, requirements have changed prohibiting the administration of these grant funds by Resource and Referral Agencies. Now, many school districts administer these funds. You may be able to explore ways with the school district that these funds may be used to deliver services to children in the child care setting.

Your commitment to exploring this and as many other avenues as possible may open opportunities not thought possible. Nothing is lost by asking for help to provide the kind of services you know are needed in your community. Today, with more policy makers recognizing the importance of child care, new opportunities may present themselves. Take time to build your approach carefully. It will be worthwhile. At each step of the way, BANANAS will be rooting for you and wishing you success in the development of your special needs component.

Even without specific resources, you can begin your agency's education by learning more about promoting parent-provider communication and examining some of the broader issues. You can also begin to review and collect resources which will be needed in future development. This effort can begin with your review of the next sections of this manual.

PROMOTING PARENT-PROVIDER COMMUNICATION

The role of the Resources and Referral Agency in helping families locate child care is always limited by the child care resources available in the community. In the absence of specialized child care programs, the major role will be to enhance communication between parent, provider, and the professional. To fulfill that purpose, BANANAS searched for, and, as necessary, wrote materials to use as handouts. Four of these are presented here:

- "Parenting a Special Child"
- "Childcaring Issues"
- "Choosing Child Care for Your Special Child"
- "Disability Myths"

The first two were designed specifically for providers. The intent was to convey a sense of how the needs of parents of special children may differ from or be the same as those of most parents. The third, "Choosing Child Care for Your Special Child", was originally written to be given to parents who called requesting child care. It became apparent that it was too long, and was shortened to the form included in the Appendices. Nonetheless, it is included here as background information for the kinds of advice parents may need in choosing child care.

The last handout is useful as a guide to deal with attitudes that may stand in the way of productive communication. Also, it may serve as a tool for educating staff as well as parents and providers.

"Parenting a Special Child"

Have you ever stopped to ask yourself: "Who are the parents of children with disabilities; what are they like; how do they feel about themselves and their children?" Without having encountered parents with special children, we probably have not thought about what it might be like to have such a child; and once we have, we can't help but wonder. The answers to these questions provide important clues to communicating and understanding what these parents experience in parenting their special children.

Parents of children with disabilities are people from all educational backgrounds, and all economic and ethnic groups. They include two parent and single parent families; older parents and very young parents. Some among them are highly motivated people used to dealing with "the system", and others have never used public or private services. In other words, they could be any one of us in this society.

Dispite the diversity of these parents, there are similarities in their situations and feelings:

- They tend to be isolated from other families, even from those with similar needs;
- They often have no one to turn to for relief from the stress of caring for such children;
- They tend to feel guilty and believe they are not doing enough even though they may spend their time exclusively with their children;
- They often feel they somehow have been the cause of the disability;
- They want their children to be treated as "normally" as possible while they know all too well how "special" their child is;
- Usually, they feel that services to meet their needs must be out there and that they have somehow failed to find them;
- They tend to be at higher risk for separations, divorces, alcoholism, unemployment and trouble with "normal" siblings;
- They may tend to have difficult relationships with service providers (if they have them) or are, perhaps, unable to leave their children at all because of their guilt, fears, and emotional confusion;
- Often they are unable to imagine even what or who could help.

The parent of a child with a disability experiences grief in relation to the child's disability. Grief is a natural part of the human experience. Our lives are touched by large griefs such as death and divorce, and also by small everyday griefs. One example for a child care provider would be giving up a child cared for over many months or years. Other common grief experiences, which we don't usually think about in these terms, are the loss of a best friend as a result of an argument or having a grown child move away from home. Giving birth to a disabled child is one of the larger griefs parents may have to face in their lives. They must grieve for the perfect child they expected before they can accept the child they actually have.

Therapists believe there are stages everyone goes through in the process of grieving for any loss. The following describes the grief experience many parents go through in relation to their disabled child:

. Shock - This may last hours to months. The person may have a feeling of numbness and a lack of comprehension about the problem. This may generalize to other areas of life. The ability to cope is limited. A parent in shock may seem uncommunicative and lacking in emotional expression.

  As a provider, you may find yourself relating to the situation while the parent is not. Providers who care for children whose parents are in this stage sometimes see them as uncaring or unfeeling. They often become angry at them for "not caring about the child." If you are talking to a parent and find yourself wondering, "What's wrong with this person? Is she on drugs!" s/he may be in shock.

  Parents experience shock not only when the child is diagnosed as disabled, but each time they receive some new information about the child's condition or prognosis. At some point, after a few hours or many months, the parent moves through this shock. S/he may cry or confide in you the sadness, suffering and worry.

. Total Denial - Denial of the situation follows shock. The parent will not accept the conditions of the child and may at this point, even reject the infant ... "there is not a problem."

  The parent in total denial "forgets" to bring to child care needed medication; never has time to talk; makes light of your concern; and treats you as a busybody. S/he may encourage you to share unrealistic expectations; call the child "lazy", "stubborn", or "bad".

  Providers can help the parent through this stage by conveying tangible examples of the child's difficulties and then waiting until the parent is ready to hear. Providers often get frustrated and angry with this parent. They may also begin to doubt their own perceptions. Over time there will be a gradual acknowledgement that "something is there, but ..."

. Softer Denial - This stage is characterized by the expression, "I know my child is ... but ..." The parent is defensive and tries to keep the knowledge and its implications away. At this stage the parent will shop for a better diagnosis and often go from professional to professional, healer to healer, church to church to find an acceptable reason for the delay in the child's development.

  At this stage, the parent is trying to find a way to live with the information, and at the same time, fighting against the information by looking for a cure. As the parent searches it is difficult to know when to support the search and when the search will be futile. The best course is to support the parent's positive intention. Trust that the parent truly does want the best for the child and needs to talk with many professionals to help to accept who the child really is.

. Guilt - As the parent comes to terms with the reality of the child's disability there is a move toward feeling guilty. S/he imagines s/he caused the child's disability or believes the child is punishment for some past wrong doing. Often these thoughts are kept silent. As this stage begins to ease, the thoughts may be verbalized if the parent has the opportunity to do so.

Guilty parents are very sensitive to small criticisms or those they infer from off hand comments. Small negative comments become magnified into confirmation of the parent's guilt. As in all stages, it is important to acknowledge the parent's feelings. Don't say, "It's silly to feel guilty." It's part of the process. It helps for you to be very clear in what you say, feel and do in relation to the parent experiencing guilt.

. Anger - Next the parent experiences anger turned inward. This can be seen in overprotectiveness toward the child in an obsessive way. This action is a way of atoning for the angry feelings.

In this phase of grief, the parents may see themselves as worthless, and by extension, their child. There may be a feeling of isolation, being cut off from the world, and inadequacy. Here, the parent may not be very accessible until the anger is directed outward as hostility.

. Hostility - At this stage, the parent begins to verbalize anger toward those around. At first the parent will project anger towards close family ... "It's my husband/wife's fault..." "My husband never helps me." Then anger begins to generalize to the community. In each step the feeling becomes less focused on a specific person and is more generalized.

This can be a difficult time for the parent-provider relationship. The parent may turn anger toward the provider with such spoken or inferred comments as, "He wouldn't be this retarded if you were doing your job." There may be anger at doctors and any other professionals working with the child. It takes a strong provider to deflect this anger and redirect it. It's important for the provider to set limits on the parent's expression of anger. If the provider becomes the target of anger, it will not be possible to play a constructive role in planning and problem solving for the child's needs. Keep refocusing the parent on specific solutions and directions to pursue. Once the anger is out, the parent is able to move to more constructive expressions of grief.

. Intellectualization - This is a stage of learning, where energy is directed toward reading, studying, and becoming knowledgeable about the causes and effects of the child's problem. The parent becomes the expert.

Here the parent has new zeal, new solutions; and wants the providers to try lots of new things with the child. This can be a very positive time in which the parent and the provider build a partnership. But if the parent places more demands than the provider is willing or able to meet, it will be necessary to set clear limits. The provider must explain that the demands intrude on ability to carry out total program and that setting limits is not a reflection of a lack of concern for either the child or the parent. Perhaps, a plan can be negotiated for what will be tried when.

. Involvement - The parent joins groups, starts projects, gets involved in legislation, but interests are bound to the field of the child's problems.

  The parent's energies are freed for reconnection to the outside world or at least some part of it. It is ironic that in the process of accepting the child's disability, a parent, at this stage, may become so involved outside the home that short shrift is given to the child. A provider needs to respect this parent's knowledge and commitment; needs to support the parent's relationship with the child, at this time. Generally, this is a tremendously productive time. Changes in services and in the parent result from this new capacity for involvement with larger systems.

. Resolution - There is really no resolution of the problems of having a child with disability. Some degree of peace and comfort can be achieved in the parent's psyche, but total freedom and resolution does not occur. It may take decades for the parent to work through these complicated issues without professional intervention. In working through coping, there is often return to earlier stages of the process when there is new information about the child or life changes.

The grief process is not a negative experience and although it is difficult to go through, people come out of grieving stronger and more mature. They are able to love their children. Don't give up if someone is stuck somewhere in the process. Allow yourself and the parent time; and be patient.

"Childcaring Issues:

For Providers Who Care for Special Children"

Relationships between parents and providers are by nature, difficult. Where the parent of a special child is involved, the relationship is even more fragile. Perhaps this is because these parents have had to endure many rejections from people they know and from society at large. When a person has a history of being rejected, they are likely to perceive any misunderstanding as a sign of rejection. Over time, everything is interpreted in the context of rejection.

Issues which are common in every child care triad (parent-provider-child) can be more difficult because everyone is more needy: the parent needs child care and affirmation; the child has special needs; and the provider needs information and affirmation supporting the role of a special needs caregiver. Having a plan within which to anticipate and define potential problem areas can help you defuse a sensitive situation before it explodes.

Setting Up the Child Care Relationship:

Both parents and provider must feel comfortable with each other. Use of a trial period of care - two to three weeks. Then work out those things which will contribute to the comfort of both parties:

. A Clear, Well-written Contract

The provider needs to spell out the business aspects of the program.

. Setting an Equitable Cost Acceptable to Both Parties

Cost can be a real issue for parents of special children because some providers feel entitled to a higher rate of compensation for the extra care involved. In some cases, there is a lot of extra care and attention needed which will mean the provider must under enroll the program to give that extra time. Ideally, what needs to evolve is a mutually acceptable agreement in which the provider gets the price needed (emotionally and economically) and the parent feels the care is worth the money. It may happen that a parent is so grateful to find a willing provider that the price agreed to is higher than appropriate or affordable. Later there may be resentment. Conversely, the provider may over extend relative to the fee charged; and later feels used and "ripped off."

There are not set answers to the difficulties of this situation. In a few communities there are subsidized programs which offer extra reimbursement to special needs providers. When available, this solves the dilemmna in which the parent or the provider absorbs the extra expense in caring for a special child. Where no such help is possible, both parent and provider must be clear about their financial limitations.

. Sharing Information

Initially, the parent may give the provider lots of information, written as well as verbal, about the child. In addition, parent and provider need to set aside a regular time to talk during the course of a day or week. Parents of special children often

expect the worst news about their children; and, because, the provider, at times, may only have negative information to relay, it is best communicated and received in the context of an ongoing relation. Comparing notes need not take long. It can happen through nap-time telephone calls, before or after care, or at night as appropriate to the schedules of both parties. One provider we know has a monthly cocktail hour in the late afternoon while the parents' children are still in care. This unusual approach has resulted in the parents forming their own support network.

. Written Changes in the Child's Regime

Any changes a parent requests the provider implement must be written down; changes in medication, diet, schedule, infant stimulation activities, etc.. The provider has to record and remember each day, requests from many parents; a late pick-up, lost clothes or toys and a host of other tidbits of information are passed to the provider each morning. To make your remembering task easier, ask parents to write down important changes in the care of the special child.

. Having a Clear Sick Child Policy

When can a child attend and when not, are important options to be discussed with the parent. The reality is that some children with disabilities get sick more often than other children. Since child care options for these children are narrower, you may decide to be more flexible. Whatever the arrangement, spell it out in writing in the contract.

Separation Issues:

Once the tangible issues are resolved and a working relationship exists between parent and provider, more subtle aspects will begin to emerge. A major issue, probably, will be the parent and child separating from each other. Once the actual physical separation takes place, the process of emotional separation begins.

Parents of children with disabilities often experience even more of the ambivalence which all parents feel to some degree around separating from their children. This may be expressed as more relief or more anxiety.The parent may act so relieved that a provider concludes the parent doesn't really care about the child. It's important to remember this may be the first freedom the parent has experienced since the child's birth; a freedom not only from the usual pressures inherent in child rearing but also from the added special care the child requires. Or, the parent may be so anxious that extra provider support is needed to actually carry out the separation. These are some of the special separation issues faced by parents of children with disabilities.

. Guilt

The parent feels guilty leaving the child. It's as if time off is not deserved; or as if "sins must be paid for."

. Overprotection

The parent feels extremely protective of the child. A parent who has handled all of the child's care may feel as though s/he is

the only one capable of giving adequate care. S/he may be unsure the provider can be trusted. Recognize that this may be the outgrowth of repeated rejections in the effort to find child care.

. Real Risk

Where the child has some tenuous condition, there is true risk involved in leaving the child. For instance, a child may require a very specific medication regime; or may be recovering from a complicated surgery. Understanding and acknowledging these real situations will be important.

. Giving Control of the Child to Someone Else

Giving control of a child to someone else is to acknowledge that individual as competent as the parent. Some parents of children with disabilities tend ot build their sense of adequacy and self-esteem around being very needed. Secondly, in giving over control there may be in their minds the possibility of losing some of the child's affection. In these situations, the provider needs to give the parent support and at the same time, communicate confidence in ability to care for the child. This must be done without suggesting you can do a better job than the parent. During visits we've heard providers brag that a child "goes potty for me, but not for his mother", inferring that the parent has failed at potty training and maybe failed in other aspects of parenting. It may be that the child does perform tasks in child care which are not performed at home. This is true for most children. Putting the parent "down" either directly or indirectly is not the positive way for a provider to gain "strokes".

. Communicating Information About the Child

It's hard for a parent to hear negative statements about a child and most parents are extremely vulnerable to criticism about themselves as parents. Where a child with a disability is concerned, this is especially true. Whatever a child does, or does not achieve should be presented to the parent in a non-critical way. When planning and problem solving evolve out of routine communication within the parent-provider partnership, the inference of parent criticism is lessened.

Routine conferences can result in mutual agreement on a set of goals for the child. While a child is having difficulty mastering a certain skill, the provider can say, 'Let's figure out a way for Ann to toilet train." The trust conveyed in this approach is in sharp contract to the message given if the provider says, "Ann is not trained. I think you should ..." How much more helpful it is for the parent to hear, "I've found this seems to work in this setting. What works for you at home?" While all children need to have established routines, limits and goals, these may be even more critical for the child with special needs.

Anticipating Developmental Hurdles:

Once schedules and routines have begun to work for the parent and the provider, it is time to focus on the special child who is at the hub of all this activity. Children with disabilities have a greater need

for a well-designed, well-structured program. They have fewer resources within themselves for dealing with the developmentally difficult times in their lives. When an able-bodied child approaches two, needs change dramatically. In response to these changes, the child seeks out new activities, new materials. The provider will notice these changes and offer new program activities. The child with a disability is less able to seek out changes because of the physical, emotional, mental or health limitations imposed by the disability. As a result, the child may experience frustration and respond by acting out in some way.

To avoid the disruption and discomfort these times cause, it is important to anticipate the developmental hurdles and plan for them. Changes in program or routine need to be implemented gradually for the special child. Ongoing exchange of anecdotes and bits of information between the parent and the provider can serve to alert both to the dawn of changes and the need for new activities.

Seeking Additional Information:

Occasionally a situation presented by a child is so frustrating that neither the parent or the provider can find a solution. This is the time to seek the advice of individuals or agencies with whom the family is working. If the parent is unable to do this by her/himself, you may have to take the initiative. However, you must always have the consent of the parent before talking with other professionals. Many clinics or programs have a home-based component through which a consultant can come directly to your site. For the provider, this is ideal because of the difficulty in leaving children during care hours. If a specialist can not visit the child care site, hiring a substitute to fill in while visiting the remedial program may be necessary.

As a provider willing to care for children with special needs, you are a very important person. BANANAS recognizes that this brief discussion of issues you face will not be sufficient and we do want you to be successful. While we do not always have all the answers to your problems, do feel free to call us. We may be able to refer you to other resources or perhaps, just talking through the problem will help develop alternatives you may not have thought about.

"Choosing Child Care for Your Special Child:

An Open Letter to Parents"

You recently called BANANAS for information about child care and/or other services for your special child. It is our hope we've been able to help you. We know it can be difficult finding the right setting for you and your child, so we encourage you to call back if you are not satisfied with what you've seen.

Sometimes, your search for services can be very discouraging. You have to spend a lot of energy and time in the beginning, calling, visiting and talking with child care providers. If you can take the time to do this, you have a better chance of making the right choice for you; and more importantly, you will feel better about your choice if you've seen a number of programs.

Here are some questions and thoughts to help you choose a child care setting:

. <u>What to ask; what to look for:</u>

Choosing child care is really one of the most difficult jobs a parent must do. Parents frequently ask, "How can I be sure?" We know that all of us want good child care for our children, but good child care means something different to each one of us. Our Staff has read and reread literally hundreds of lists about choosing child care. We have debated each issue and item, and have decided on a short checklist to help you begin the search. Remember, in using our list, you may find some items are not important to you; or your own most important question is missing. Expand the checklist to meet your values.

- What are my first impressions (feelings or thoughts) about the program?
- Do my first impressions change after a short visit?
- Do the children seem secure, content, busy, happy?
- Does the child care worker(s) seem to enjoy the work?
- What happens around eating, sleeping, toileting, etc. - many of the everyday issues which are important to you?
- How does the staff talk and play with the children?
- How does the staff talk to each other?
- Are parents encouraged to become involved in the program? Would you feel comfortable talking to the child care worker(s) about a problem or concern?
- Do the children play together - boy and girls, ... interracially?
- What are the provider's attitudes toward disability, in general, and your child in particular? Is the attitude patronizing, scared, overprotective? Or, is there appropriate expression of interest, curiosity, as well as concern about the provider role?
- Does the provider include your child in any interactions during your visit?

- Is the provider warm and friendly or do you sense hesitancy in treating your child as other children are treated?
- Does the provider make too big a deal? How does the provider make you feel?
- What does the space look like?
  - Are rooms interesting and cheerful?
  - Is there adequate space for active and quiet play, indoors and out?
  - Have safety precautions been taken - heater screened, electrical outlets covered, outside doors locked, yards fenced, cleaning poisons locked away?
- What supplies are being used?
  - Is there an adequate, easily accessible supply of books, cuddly toys, blocks?
  - Do available supplies seem appropriate for the age of the children in care?

Now examine your answers not only because they will help you make better choices in looking for care, but because they will also light your way when difficulties arise. You will at least know what you were worried about, what you feel good about, what questions you have, and how you might be able to find the answers. Choosing child care is much more than just a simple list to evaluate the home or center. It is a process which must be deeply rooted in your own family's ideas and beliefs. Knowing and thinking about these issues ahead of time is important. It will help you find the place you are looking for for your child.

What should you tell a provider?

When you are searching for a provider, you don't need to tell each one your child's whole story. Give each provider balanced, appropriate information with which to make the decision if their setting is right for your child. For instance, if your child has a seizure disorder tell each provider:

- Your child has a seizure disorder;
- Whether or not the child is on medication;
- That the child could experience a seizure but it is unlikely because the medicine is working;
- What to do if a seizure occurs.

Supplying the provider with less information or denying the possibility there could be a seizure would be unfair. Later, it could be harmful to the child and/or lead to hard feelings.

When you've narrowed down your choice to one or two providers, then give the provider all the specific information needed to understand and provide good care. Tell the provider:

- How the child communicates needs;
- How the child gets around;
- Whether help eating is needed;

- Whether a special diet is needed;
- Whether the child is toilet trained or how toileting is handled;
- How the child relates to children its own age;
- Kind and frquency of medication needed;
- Any special needs the child has;
- What other agencies or programs are providing service to the child; and ask whether the provider would be willing to work with them.

. Making a contract:

You, your child and the provider you choose need some time to get to know each other. Suggest a trial period (perhaps two weeks), after which you'll talk about how the arrangement is working. If you feel good about the situation after the trial period, then enter into a final contract with the provider. Most providers use a standard contract. If you and the provider have agreed on any special arrangements for your child, these items should be written into the contract. Before signing any contract, find out:

- What are the rates, hours, and services to be included (food, diapers, field trips, etc.);
- When (weekly, monthly, in advance) and how (cash, check) the provider is to be paid;
- What is the provider's policy concerning:
  - ° Days missed due to illness or other reasons (do you pay or not);
  - ° Sick child care;
  - ° What happens if the provider is ill or goes on vacation;
  - ° Picking up the child late;
  - ° Amount of notice required in the event the child care is not working out.

Clearing up these details will free you and the provider to communicate about your child. When you have come to mutual agreement about the terms in the contract, sign it and keep a copy.

. Following up your decision:

Once you've introduced your child to the provider, expect to help the provider get to know the child and the child's needs as well as you do. Things obvious to you about the child's routine may be totally unknown to the provider. Giving the provider something in writing is very helpful. Jot down notes of what you do routinely during the course of a day to support the child. Providers welcome this information and it will help give you confidence in separating from your child. The more information you share, the more you can trust other caregivers.

Remember to keep the provider posted about what's going on at home or elsewhere in the child's life. Talk to the provider regularly about the child's day in child care. Finally, talk to

your provider and to others who work with the child about each other. Keep each informed of the progress as well as problems the child is experiencing. You are the child's best advocate. You are the one person who can put all the information together to determine what is and what is not working for the child.

. Living with your decision and feeling good about it:

Adjustment to child care varies with each child. Some are settled within a week; for others it may take as long as three months to become comfortable. There are ways you can facilitate this separation process:

- Share information with the provider regularly and let the provider know how much you appreciate the information shared with you;
- Talk with your child about the arrangement; assuring the child of your love and that it will work out;
- Examine and identify your feelings about separation; sadness, guilt, anxiety, sharing the child's affection with another, and sharing the role of primary caregiver with another. Some concern and feelings of this sort are normal; but passing on those feelings to the child will make adjustment difficult.

In the beginning you can expect to feel emotion and ambivalence. Try to come to terms with your feelings so that the child accepts the change. Choose a caregiver you feel you can trust; make the best choice you can; and then, let go.

. Saying Goodbye:

Many parents wonder how to say goodbye to their child, properly. If you leave without a clear "goodbye", the child may feel abandoned. It is not uncommon for a child to cry when you say goodbye, so don't worry. Try a determined approach with clear simple words like, "Mommy has to go now. I'll be here to pick you up later after your nap and snack. Goodbye." Have the caretaker hold your child as you leave and be sure to leave time for extra hugs and kisses. But when you've said goodbye, leave; don't linger. It may seem easier at the moment, to try to sneak away, but it won't be easier for the child or the caregiver, in the long run.

. Evaluating your decision:

It is always possible that your first choice of a provider may not work well. Maybe the chosen provider had an unrealistic picture of the need and is not happy with the decision to accept the child. Maybe your idea of what matters in a child care setting has changed. Or, maybe as your child grows and changes a different setting is needed. These are all possibilities. You, too, need to recognize if you've been rejected many times in your search for child care, it will be harder for you to get through the initial period of adjustment. You may find yourself interpreting small incidents as signs that the setting is not right. Whatever the circumstances, try to enter and maintain

the child caring relationship with an open, optimistic frame of mind. Check out your feelings with the provider, incident by incident. Don't let situations build to the point of explosion. All relationships take work and the parent-provider relationship is no exception.

On the other hand, pay attention to your feelings. If you find you are anxious about small things in the environment, for example a heater vent or unfenced yard, or the smell of cleaning fluid in the house, you may be having doubts about your choice. You may need to do more than check it out with the provider. You may want to talk it over with BANANAS or other professionals involved in the care of your child. Once you've made an honest appraisal, then either accept the setting as the right place or decide to make a change.

Remember BANANAS cares about you and your child. Let us know what is happening. We can always look for other referrals to meet your specific needs.

"Disability Myths"

People with disabilities have been the subject of many myths and misconceptions which interfere with their acceptance into the mainstream of society. To help deflate some of the major myths about disabilities, this information which appears in the "Disabilities Resource Guide" of the KIDS Project, Center for Independent Living, Berkeley, California, is presented. BANANAS thanks them for their kind permission to reprint the following sections.

Prevalent Myths about People with Retardation

MYTH: Mentally retarded persons have no feelings.

FACT: Mentally retarded persons have the same range of feelings non-retarded persons.

MYTH: Mentally retarded persons are childish and should be treated as children.

FACT: Mentally retarded persons are capable of developing age-appropriate behaviors. A mentally retarded teenager should be treated like any other teenager. A mentally retarded adult should be treated as an adults.

MYTH: Mentally retarded persons are asexual or sexually promiscuous and should not be taught about sex.

FACT: Mentally retarded persons are no more asexual or sexually promiscuous than anyone else. They should receive sex education and be allowed normal sexual expression like anyone else.

MYTH: Mentally retarded persons are often violent and become criminals when they grow up.

FACT: Mentally retarded persons are no more likely to be violent or engage in criminal activity then non-retarded persons.

MYTH: Mentally retarded persons are dull and boring. They don't understand even the basics of life.

FACT: Mentally retarded persons are no more dull and boring than anyone else. Mentally retarded persons often make astonishingly astute observations about people, events and life in general.

Myths/Stereotypes about Children
with Motor Impairments (Physical Disabilities)

MYTH: Children with motor impairments are also mentally retarded.

FACT: This is generally not true. Motor impairment means difficulty with movement.

MYTH: Children with Spina Bifida are always retarded.

FACT: Children born with Spina Bifida, but without Hydrocephalus are not usually mentally retarded. Retardation may result if Hydrocephalus is not controlled.

MYTH: Because Cerebral Palsy means brain damage, it also means mental retardation.

FACT: In some cases the damage can extend to the intellectual part of

the brain. In other cases intelligence is normal even though performance may be hampered.

MYTH: When a person has difficulty in speaking he is retarded.

FACT: There is no relationship between articulation skills (ability to speak) and intelligence.

MYTH: It helps to speak loudly and to clearly enunciate to a person who has difficulty with speech.

FACT: Difficulty in speaking does not mean difficulty in hearing.

MYTH: Don't use words like "run" or "walk" to people with motor impairments.

FACT: These words are a part of everyone's language regardless of impairment.

MYTH: Don't allow a child with motor impairments to become frustrated. Be ready to help at a moment's notice.

FACT: Every child needs to work with challenges. Through this process you, the teacher, will find out what each child's capability is. Be an observer, and let your own sensitivity to each child's needs be your guide.

MYTH: A child with motor impairments should never be allowed to fail.

FACT: If you don't allow for failure you don't allow for successes. Physical and intellectual challenges are important for everyone.

MYTH: A person with motor impairments will never live independently as an adult.

FACT: The vast majority of people with motor impairments can and do live independently. In some cases, adaptations are made or attendants are hired to provide needed assistance.

MYTH: Children with motor impairments are sickly.

FACT: Motor impairment is not an illness, nor is it contagious.

MYTH: All wheelchair users spend all their time in a wheelchair.

FACT: Many will be able to walk short distances with and without aids (crutches, walkers) and others may crawl. However, a wheelchair is used because it makes mobility easier for long distances.

MYTH: It is rude to stare and ask questions about a person's disability.

FACT: If people are not allowed to ask questions, the disability becomes mystical and fearsome and therefore isolating.

MYTH: The disabled child's equipment should never be used by other children.

FACT: It is okay to use the equipment. The equipment is sturdy and won't break easily. Allowing children to use the equipment helps break down another barrier.

Myths about Children with Hearing Impairments

We have many preconceived notions about the effects that a hearing loss has on an individual. The academic levels of hearing impaired children

have always been so low that many people assume that a hearing loss is usually accompanied by a lack of intelligence. This is not true. Lack of English language skills often make it difficult for hearing impaired individuals to understand the humor expressed by hearing individuals. This has led to the belief that deaf people have no sense of humor. A hearing impaired child who has no symbolic language, who communicates through pointing, random noise making, and acting-out can not communicate about things which are not present at a given moment. This has led to the belief that such children are incapable of any kind of abstract thinking. All of these problems are the result of inability to use language adequately. They are not the reult of any inherent mental deficiencies.

Myths and Facts about Children with Learning Disabilities

MYTH: Learning disabled children are retarded.

FACT: Learning disabled children range in intelligence from average to gifted. Many children function as if they were retarded because their individual learning needs are often overlooked and not compensated for in school.

MYTH: There's nothing wrong: the child doesn't want to do schoolwork; s/he doesn't pay attention, s/he is just lazy or obstinate.

FACT: Although all children can be lazy or obstinate at times, some learning disabled children may experience difficulties in remembering the order of events, remembering where they left a pencil determining what is relevant and what is not, remembering how to write letters and numbers and so on. Taking time to remember may result in work not finished. Becoming frustrated at the inability to "do it right" may result in unfinished work or obstinate behavior.

MYTH: Because the child takes so long or doesn't complete assignments means the work is too hard.

FACT: Some children may not have the developmental skills necessary for succeeding at the level of the class. They may be unable to distinguish squares from circles or tall from short. They may not know what is meant by "around", "next", "far" or "near".

Myths and Facts about Children with Visual Impairments

MYTH: "Glasses will always help vision."

FACT: Some children are aided by glasses, but there are many for whom correction is not possible or for whom glasses are only a partial aid.

MYTH: Holding a book close to eyes or sitting close to a screen or T-V is harmful to the eyes.

FACT: There is no harm to the eyes in these cases, and closeness will compensate for print or picture size.

MYTH: "Save the child's remaining vision; don't let him/her use it up."

FACT: The child should be encouraged to use whatever vision s/he has and to explore new ways of using it.

MYTH: "It's bad for the child's eyes to be in dim light."

FACT: Some eye conditions such as cataracts and albinism require lower lighting to avoid glare.

MYTH: "I should avoid words like 'look' and 'see'."

FACT: These words are as much a part of this child's vocabulary as of the world at large. Visually disabled people simply adapt the meanings to their own use.

MYTH: "I should talk loudly so the child will understand me."

FACT: Don't shout. The child's disability is with the eyes not the ears. Clear, normal-toned speech as used with any child is appropriate.

MYTH: "Blind children have better hearing and sense of touch."

FACT: Children with visual disabilities have the same sensory capabilities as all of us; they merely learn to make better use of these senses.

MYTH: "A prosthesis ("glass eye") should be kept sterile and inserted or removed by a medical person.

FACT: Prosthesis can be cleaned with soap and water and usually the child is able to insert or remove it if needed.

LOOKING AT THE BROADER ISSUES

As a Resource and Referral Agency, you will find it necessary to keep on top of the broader issues concerning people with disabilities. This will mean keeping tabs on legislation, reviewing special reports and new literature. To help you begin this process of continuing education, we've included several items which will be useful:

- Legislation - Clarifying Educational Needs and Child Care Needs
- Governor's Advisory Committee on Child Development Report
- Survey of Statewide Resource and Referral Agencies
- Problem Areas in Child Care for Special Children

Legislation - Clarifying Educational Needs and Child Care Needs

With the passage of Public Law 94-142 with its mandate to serve children from birth through age 21, many child care advocates became excited by the prospect of assured child care options for children with special needs. The hopes were soon dashed as the implementation of the law was clarified. Public Law 94-142 was not a mandate to guarantee child care for children with special needs. Although a sound child development program or specialized program which meets the parent's need for child care may, in fact, be remedial, the intent of the law is to meet the unique needs of a child with disabilities. What this means is a child could be receiving the most appropriate kind of help with respect to the disability and the family's need for child care remains unmet. On the other hand, a family's need for child care could be met, but the child's needs related to the disability could be unserved because the benefits of the law are not applied. This occurs when children are not identified and referred to the school district or when services to children in child care can not be coordinated.

What is PL 94-142?

The purpose of this Act is to assure that all handicapped children have available to them a free and appropriate public education which emphasizes special education and related services designed to meet their unique needs in the least restrictive environment. It includes classroom instruction, physical education at home, in hospitals and institutions, or in private schools. It includes related services such as transportation, speech therapy, psychological services, physical and occupational therapy, recreation, counseling services, medical services for diagnosis/evaluation and parent counseling.

It states that each school district must Search and Serve all children between the ages of 0 and 21 years. It assures that a parent can have a child assessed to find out what kind of program will help his/her learning. The request for assessment should be in writing. Written request assures the assessment by an interdisciplinary team will be completed within 35 school days of the date of consent for assessment. Written notice must be given to the parent if the school turns down the request which includes an explanation. A child can not be tested unless a parent

has been given written notice.

It guarantees that parents be fully informed and participate in planning for decisions about the child's education plan. It provides for written notice before any action is taken or recommended that may change or fail to change the child's program. It allows parents access to all of the child's records including information on the identification, assessment or placement of the child as well as a copy of the Individual Educational Plan (IEP).

It requires that an IEP be written for eachchild who is eligible for and enrolled in special education and that the IEP must be reviewed at least once a year or when the parent requests review. Parents have a right to expect an understandable presentation in their native language as well as to have tests used which are not racially or culturally biased. Parents may bring someone to the meeting to assist them. The IEP must include:

- A statement of the child's strengths and abilities, special problems and learning needs;
- Annual educational goals and short term instructional objectives;
- Educational services that will be necessary for the child to benefit from the special education;
- How much time the child will be able to participate in regular class or extra curricular activities;
- A clear statement of how the student's progress will be evaluated.

It also guarantees a parent's right to due process. Due process means there is an established procedure by whch the parent can voice disagreement or objections with findings related to identification, assessment and placement of the child. Due process guarantees the parent these rights:

- Written notice before the school system takes, or recommends any action that may change the child's school program;
- Written notice if the school refuses to take action to change a child's program;
- Giving or withholding permission for:
  - the child to be tested to see if s/he needs special education services;
  - assessment by specialists to determine what his/her educational needs are;
  - placement in a specific school program;
- Examination, within five days after request, of all school records related to identification, assessment and placement of the child;
- Request for an impartial, fair hearing, at any point along the way, for the purpose of questioning any decision related to identification, assessment and placement of the child;
- Request for a fair hearing by the State Department of Education if there is disagreement with the results of the local hearing;
- Appeal to the courts if there is dissatisfaction with the State's handling of the case.

The rights of the parent at a Fair Hearing are protected, also:

- The hearing must be held at a time and a place which is reasonably convenient to the parent and the student;
- Parents have a right to legal counsel, including the advice and support of any advocate, not necessarily a lawyer. The school system must tell the parent about sources of free or low cost legal aid;
- Parents have the right to examine witnesses, present evidence and ask questions of school representatives;
- Parents have a right to obtain a record of the hearing and all findings.

To request a Fair Hearing, parents must write directly to the School District's Superintendent. Hearings must be held and copies of the decision mailed to each party within 45 days of the request. Every school district has copies of parents' rights under Public Law 94-142 and parents should be encouraged to request a copy. They should be encouraged to seek assistance if they have difficulty understanding the law.

What is the California Master Plan (AB 1250)?

This is the State plan for implementing the federal law (PL94-142) and establishes a system that:

- Identifies children in need of special education;
- Places children in programs best suited to their needs;
- Evaluates each child's progress periodically;
- Moves key educational decisions from the state to the local level;
- Establishes cooperative relationships with public and private agencies;
- Provides parents with opportunities to influence decisions about their children's education.

Children protected under the Master plan are those who are:

- In need of special education;
- Under the age of 3 who need prompt and comprehensive special education;
- Between the ages of 3 and 4.9 who also require special education and services:
- Between the ages of 19 and 21 who have not yet completed their educational program;
- In need of speech or language therapy or have specific learning disabilities.

Governor's Advisory Committee on Child Development Report: "Child Care Needs of Exceptional Children"

The Governor's Advisory Committee on Child Development (G.A.C.) was formed in 1966 to make policy and legislative recommendations and to monitor state agencies which have an impact on child care and related services. In 1982 a Special Needs Subcommittee was formed to study the problem areas in the delivery of child care services to special children. The outcome of the subcommittee's work is a most comprehensive and thoughtful report entitled, "Child Care Needs of Exceptional Children"* which examines the broad picture of child care services across the State. The executive summary of the report states:

> "The current status of child care services for exceptional children requires action. The Child Development Programs Advisory Committee has reviewed both the need for child care and the current level of service. Few families with exceptional children have child care resources which allow both parents or a single parent to work full-time; few have access to respite care.
>
> To mitigate these needs and to increase child care services to exceptional children, several actions should be taken to:
>
> - Establish placement priorities;
> - Identify and specify the responsibilities of government agencies;
> - Delineate the responsibilities of private agencies;
> - Establish rates and fees for services;
> - Assure the equity of access;
> - Provide staff training to assure the successful integration of exceptional children into public and private child care programs.
>
> Of first importance are the multiple responsibilities of state government. The Department of Social Services should alter Title 22 regulations to establish the expectation that exceptional children will be served within regular child care programs; current regulations actually deter services to these children. The Department of Education should adopt several measures to increase the number of exceptional children served within the State's subsidized child care system. Regional Centers need to recognize child care as a 'basic and essential services'; as such, the child care needs of disabled children can be reflected in their Individual Program Plan. Similar recognition of the child care needs of chronically ill children, children receiving rehabilitative services, terminally ill children and young mental health clients will strengthen the programs of both Health Services and Mental Health.
>
> This report makes recommendations in each area noted above. Some of the recommendations require a commitment of new resources from state government. Other recommendations can be adopted by making current resources available to all families and children, including exceptional children.

* This report is available free, by writing to the Governor's Advisory Committee on Child Development Programs, 1600 - 9th St., Sacramento, CA 95814

While the report contains specific recommendations, these seven general ones cover major issues the Committee addressed.

- The principle responsibility for assisting parents to find appropriate child care for their exceptional child rests with the service system most directly concerned with the child's presenting disability.
- The Department of Education's Office of Child Development should seek legislation to give exceptional children who are eligible for subsidized care first priority for child care services, at least until exceptional children are served proportionately to their presence in the general population.
- The Department of Education.. Through both its Office of Child Development and its Preschool/Infant Special Education Resource Network within the Office of Special Education .. must extensively expand the technical assistance it provides to child care programs that include exceptional children.
- To assist parents who need temporary respite care for their exceptional children, the Committee encourages leadership from the Department of Education, the State Council on Developmental Disabilities and the Regional Centers.
- The Commission for Teacher Preparation and Licensing should amend its requirements for applicants for children's center permits to require at least three units of coursework in early childhood special education.
- Professional organizations of professors, administrators, and teachers should promote the equal access to child care programs of all children, exceptional and non-handicapped, and should provide preservice and inservice programs that give teachers of young children the skills to work with all children, including those with disabilities."

The Committee specifically recommends that the State Department of Education's Office of Child Development increase its support of child care for exceptional children. One of the components of this recommendation directed to the Resource and Referral agencies funded by the Office of Child Development states:

> "All child care resource and referral agencies funded by OCD should identify respite care and regular child care options for the parents of exceptional children. Also each R and R agency should assist providers to include exceptional children in their programs. In this regard, an Oakland R and R agency (Bananas, Inc.) has materials, referral processes and training methods which it uses and will share."

Survey of Statewide Resource and Referral Agencies

November 16,1982, BANANAS distributed a statewide survey to California Resource and Referral agencies. Most were returned by January 1983. The results presented here indicate the level of services presently provided in special needs referrals.

Question	Number Responding	Comments
Does your agency currently provide child care referrals for children with special needs?	51 yes 0 no	10 - based on limited resources within R&R or child care options available. 2 - would like to provide referrals(above present) that match children with providers 7 - we work with other agencies 1 - not too many requests 1 - noted a marked increase in requests 1 - telephone can be a difficult medium to assess needs
If not, why not?	0 response	
Do you routinely ask providers about willingness and/or skills to care for special children	45 yes 5 no 1 no answer	16 - in very general terms 2 - we ask about education and background on each application 1- many say they will until presented with an actual case.
Does your agency already make site visits to providers?	41 yes 10 no	6 - we visit in relation to certain programs, i.e. Child Care Food Program. 5 - Occasional visits 2 - part of our procedure for adding new providers 1 - we do not make a determination on appropriateness of site or provider.

Question	Number Responding	Comments
Does anyone on staff have working knowledge of the special needs community?	46 yes 5 no	5 - yes minimal 1 - no, however we have access to other agency experts
Do you have any of these special programs in your service area: infant stimulation, Home-based, preschools, after school, school district, other?	42 Infant Stimulation 33 Home-based 40 Preschool 15 After school 45 School District 12 Other	11- respite programs 2- not enough of any 5- summer camp/ recreation program 1- regional center vendor 11- development center
Have you offered or coordinated classes or workshops for child care providers on caring for special children?	20 yes 30 no 1 no answer	9 - not done or minimally, but plan to do more in near future 1 - under Title XX Training project 1 - providers attend Head Start workshops 1 - no but have articles in newsletter 1 - did so when had Preschool Incentive Grant prior to 10/81 1 - provider association plans theirs
How do you currently handle requests for child care for special needs children?		32 - parent need vis-a-vis providers willingness 10 - refer to appropriate agencies 7 - call providers on behalf of parent who are willing to care for special child 3 - in difficult cases we make initial call to provider 2 - as best as we can 3 - few requests
How does you agency handle child care requests for children who are sick?		14 - provider willingness 3 - with difficulty 2- refer to private agency 1 - very few requests refer to private baby-sitter

Question	Number Responding	Comments
Does your service area have any specialized programs for the care of children who are sick?	47 no 4 yes	River Child Care Center San Juan Bauptiste Sick Care Unit Berkeley Sick Child Care Program School District Childrens Center Pomona (recuperating children only)
Would you like to receive the results of this survey?	50 yes 1 no	
Would you like to receive the special needs replication packet?	51 yes 0 no	

"Problem Areas in Child Care for Special Children"

There are some situations in which finding child care is extremely difficult. The difficulty is magnified if there are no specialized or mainstreamed child care programs in your service area. In our experience, the following categories of care have been most problematical (if not impossible).

- Child care for children in which a sudden emergency or even a sudden death may be implied. It may include children who are on respiratory monitors because they are at risk for "Sudden Infant Death Syndrome", a child with a heart condition who may need sudden medical attention, or a child with a tracheostomy.
- Child care for children who are medically fragile and may require a very small group setting, e.g., one to three children. This may include a child whose resistance to infection or other conditions inherent to a large group will be hazardous to his/her health. If this family does not have financial resources, finding this kind of child care may be next to impossible.
- Child care for children who are severely or profoundly disabled, particularly if it is an older child.
- Child care during holidays or during the summer when the child's education (school) program has been the source of meeting the parent's child care needs.

Resource and Referral, of course, is limited by what child care resources are available in the community served. However, agencies can document gaps in child care, advocate for the development of services, and assist parents in creating their own options.

RESOURCES

There are a number of good publications which will be useful to your staff, care providers and parents. A few are listed in this section. In addition, lists are provided of the Area Boards on Developmental Disabilities, Regional Centers, and Associations for Retarded Citizens.

Training Curriculum - for care givers of children with special needs

- "When You Care for Handicapped Children", Texas Department of Human Resources, P.O. Box 2960, Austin, Texas 78769
  Price $18

  An excellent resource guide for working with children with disabilities. Explains how teacher/providers can assess children on site, defines all kinds of disabilities and gives activities to help disabled children. It is very appropriate for family day care and small centers. An added feature is the inclusion of small pamphlets which correspond to lesson chapters. These are available in English and Spanish and can be easily duplicated and distributed to providers at classes or any time they want information on specific disabilities. This is a useful and comprehensive guide.

- "Caring for Children with Handicaps in Day Care" (Preschool and Family Day Care Homes); Independent Study Course #496, WEX - University of Wisconsin - Extension, 510 Langdon St., Room 228, Madison, Wisconsin 53706
  Fee $53

  "Increasingly, child care givers are being confronted with the needs to work with children with handicapping conditions in a variety of settings. This course provides information on various handicaps and their behavioral consequences..." This is a well designed home study course which is worth advertising in your newsletter in lieu of any other training opportunities or for those providers unable to take time for classroom education experiences. There are nine written assignments for two credits.

- Mainstreaming Preschoolers (Series): Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402:

- With Emotional Disturbance	017-092-00036-7	$5.00
- With Health Impairments	017-092-00031-6	5.00
- With Hearing Impairments	017-092-00032-4	3.25
- With Learning Disabilities	017-092-00035-9	4.75
- With Retardation	017-092-00029-4	5.50
- With Orthopedic Handicaps	017-092-00034-1	5.00
- With Speech Impairments	017-092-00033-2	5.50
- With Visual Handicaps	017-092-00030-8	5.00

  These are Head Start's Guides for teachers who are mainstreaming children with specific disabilities. Each includes sections on what mainstreaming is, how disability affects learning in 3-5 year olds, how to mainstream, working with parents and using other resources.

. "Training Infant Caregivers" (Series); Family Service Agency of San Francisco, Family Development Center, 3045 Santiago, San Francisco, CA
Set of eleven publications - Price $35

- Atypical Motor Development	$4.50
- Communicating with Children, Parents and Staff	4.50
- Developing a Healthy Personality	4.50
- Environmental Risk	4.50
- First Aid, Health, Safety and Mealtime	4.50
- Handicapping Conditions of Early Childhood	4.50
- Individualized Programming	4.50
- Language Development	4.50
- Sensory Impairments	4.50
- Teaching and Learning	4.50
- Working with Parents	4.50

Sets of units listed above and an additional publication, "Facilitator's Guide", (includes knowledge evaluations) is available only to trainers who have completed a training program which uses these materials or upon special request by other trainers. Total Price $37.00

This series is useful in concert with workshops to train day care providers to care for children with special needs.

. "Reach Out to a Special Child"; Quality Child Care Press, P.O. Box 324, Mound Minnesota 555364
Price $3

This booklet introduces family day care providers to children with disabilities. The format is experiential in that it portrays actual providers and children in the child caring process It is very readable and is a good resource for dealing with attitudes.

. Live Oak Curriculum; Circle Preschool, 9 Lake Avenue, Piedmont, California 94611
Price $18.50

A curriculum guide for preschool mainstreamed children ages 3-5. Organized into 9 program areas complete with lesson plans, this is an excellent guide for all programs in addition to the unit designed for special children.

. "Mainstreaming Ideas for Teaching Young Children"; National Association for the Education of Young Children, 1834 Connecticut Avenue, Washington, D.C. 20009
Price $5

This booklet offers practical suggestions for integrating special children into preschool settings.

Trainer Resources - more formal training offered or coordinated through these services

.Special Education Resource Network (SERN); Infant Preschool SERN, 650 University Avenue, Room201, Sacramento, CA 95825 (916) 921-0531

Funded by California Department of Education, Office of

Special Education, this unit provides training throughout the State of California in model demonstration sites. It maintains an in-service resource center lending library of materials on assessment, normal development, developing preschool programs, early intervention, legislation, curriculum, teaching methods and research.

. Special Education Resource Network, 9 Regional Offices

- Region 1	Suzi Durkin	(714) 292-3616	San Diego
- Region 2	Gwen Johnson	(714) 794-2138	Redlands
- Region 3	Gil Galka	(213) 392-8491	Santa Monica
- Region 4	Ann Pasanella	(805) 946-7411	Santa Barabara
- Region 5	Ann Seasons	(415) 881-6602	Hayward
- Region 6	Jill Rivers	(209) 251-7376	Fresno
- Region 7	Lorna Ross	(916) 921-0515	Sacramento
- Region 8	Diane Sctott	(707) 468-9189	Ukiah
- Region 9	Tom Neely	(916) 527-5811	Red Bluff

These individuals are available to provide personalized in-service opportunities to private and public programs, particularly those serving handicapped children. They can assist you with your own in-service planning and implementation.

. K.I.D.S. (keys to Introducing Disability in Society) Project; c/o Whittier School, 1645 Milvia Avenue, Berkeley, CA 94709 (415) 848-5234

This organization sponsors disability awareness training and can suggest training materials, curriculum materials, equipment, books and games which assist individuals or groups to become familiar with disabilities. They also can refer you to disabled people as speakers. There is a fee for service.

. M.O.R.E. Project; Family Service Agency of San Francisco, 3045 Santiago Street, San Francisco, CA 94116 (415) 661-7274

M.O.R.E. is the outreach unit of FSA's Mainstreamed Day Care Program and provides technical assistance and training to programs developing mainstreamed day care, nursery school, or primary day programs which will include developmentally disabled young children from birth to five years of age. Available upon request: awareness materials, brochures,newsletters, training and technical assistance, training manuals, films, workshops, conferences, presentations.

. Community Colleges, State Colleges, Universities

Many of these educational institutions will offer courses through their departments of education or child development on handicapping conditions in children.

. Other Resources

In addition to the formally organized trainers, these other possible resources should be fully explored:
- School District Office of Special Education
- Head Start Programs
- Regional Centers (ask about Respite Training Programs)

- Association for Retarded Citizens
- California Children's Services
- Local Departments of Mental Health
- Developmental Disabilities Areas Boards (film libraries)
- Specialized Education Programs
- United Cerebral Palsy

Special Resources

. "Closer Look", c/o Parent's Campaign for Handicapped Children and Youth, 1202 16th Street, N.W., Washington, D.C. 20036

Excellent advocacy materials are written for parents and organizations about children of all ages with disabilities. Request a publication list. There is a modest charge for publications

. Parents Rights Under PL 94-142, available through the local school district Office of Special Education.

The information will be packaged in different forms within each school district but all will inform parents of their rights to a free and appropriate education in a less restrictive environment as mandated under "The Education for All Handicapped Children" Law, PL 94-142. Also ask the school district for their "Search and Serve" information materials.

. Child Care Law Center, 625 Market Street, Suite 816, San Francisco, CA 94105
(415) 495-5498

This is a legal resource for the child care community to foster development of quality, affordable child care programs.

. Teacher Licensing and Preparation Office, P.O.Box 2670, Sacramento, CA 95812
(916) 445-7254

This agency distributes information on competencies needed to acquire an Early Childhood Special Education Credential.

AREA BOARDS ON DEVELOPMENTAL DISABILITIES

Area I
Julie Jackson, Ex. Dir.
P.O.Box 245
Ukiah, CA 85482
(707) 462-0518

Area II
Carol J. Overboe, Ex. Dir.
2440 Main Street, Room 39
Red Bluff, CA 96080
(916) 527-0412
ATSS 8-446-2371

Area III
Daniel Sorenson, Ex. Dir.
1722 J Street, Suite 322
Sacramento, Ca 95814
(916) 322-6078
ATSS 8-492-6078

Area IV
Ronnie Cohn, Ex. Dir.
1700 Second St. Suite 384
Napa, CA 94558
(707) 252-6644
ATSS 8-543-5839

Area V
Kathryn Fennell, Ex. Dir.
1111 Jackson St. Suite 4014
Oakland, CA 94607
(415) 464-0439
ATSS 8-561-0439

Area VI
Richard Jacobs, Ex. Dir.
1230 - 13th St. Suite B
Modesto, CA 95354
(209) 562-6840
ATSS 8-482-6840

Area VII
Marion Trentman, Ex. Dir.
Agnews Residential Facility
West Area Bldg. 109, Room 204
San Jose, CA 95114
(408) 988-0111
ATSS 8-522-1009

Area VIII
William Plumb, Ex. Dir.
546 W. Shields, Suite A
Fresno, CA 93705
(209) 222-2496

Area IX
Jean Lum, Ex. Dir.
3704 State Street, Suite 310
Santa Barbara, CA 93105
(805) 682-8374

Area X
Bruce Saltzer, Ex. Dir.
1300 W. Olympic Blvd., Suite 300
Los Angeles, CA 90015
(213) 736-3402
ATSS 8-677-3402

Area XI
Rhys Burchill, Ex. Dir.
250 S. El Camino Real, #110
Tustin, CA 92680
(714) 731-4787
ATSS 8-657-4605

Area XII
Ace Atkinson, Ex. Dir
1960 Chicago Ave., Suite E-8
Riverside, CA 92507
(714) 781-0722
ATSS 8-632-3226

Area XIII
Mike Norton, Ex. Dir.
6160 Mission Gorge Road
Suite 208
San Diego, CA 92120
(714) 563-1523

REGIONAL CENTERS AROUND THE STATE OF CALIFORNIA

Alta California Regional Center
4010 El Camina Ave., Suite A
Sacramento, CA 95821
(916) 481-6101

Serving Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba Counties

Central Valley Regional Center
4747 N. First St., Suite 195
Fresno, CA 93726
Serving Fresno, Kings, Madera, Mariposa, Merced, Tulare Counties

Frank D. Lanterman Regional Center
1605 West Olympic Blvd., 6th Floor
Los Angeles, CA 90015
(213) 383-1300
Serving Health Districts of Los Angeles County: Central, Glendale, Hollywood-Wilshire, Pasadena

Regional Center of the East Bay
2201 Broadway
Oakland, CA 94612
(415) 451-7232
Serving Alameda and Contra Costa Counties

Eastern Los Angeles Regional Center
801 S. Garfield Ave., Suite 305
Alhambra, CA 91801
(213) 570-8620
Serving Health Districts of Los Angeles County: Alhambra, East Los Angeles, Northeast, Whittier

Far Northern Regional Center
2400 Washington Ave., Suite 301
P.O.Box 1848
Redding, CA 96001
(916) 243-4791
Serving Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity Counties

North Bay Regional Center
1710 Soscol Ave.
Ukiah, CA 95482
(707) 252-0444

Serving Napa, Solano, Sonoma Counties

North Coast Regional Center
413 North State St.
Ukiah, CA 95482
Serving Del Norte, Humboldt, Mendocino, Lake Counties

North Los Angeles County Regional Center
14550 Lanark St.
Panorama City, CA 91402
(213) 997-1311
Serving Health Districts of Los Angeles County: East Valley, San Fernando and West Valley

Regional Center of Orange County
Central Tower, Union Bank Square
500 South Main
Orange, CA 92668
(714) 973-1999
Serving Orange County

San Diego Regional Center
8001 Frost St.
San Diego, CA 92123
(714) 292-2996
Serving Imperial and San Diego Counties

San Gabriel Valley Regional Center
1373 E. Center Court Drive
Covina, CA 91724
(213) 966-4417
Serving Health Districts of Los Angeles County: El Monte, Monrovia, Pomona

Regional Centers (Cont'd.):

Golden Gate Regional Center
100 Mission St., Suite 400
San Francisco, CA 94105
(415) 546-9222
Serving Marin, San Francisco and San Mateo counties

Harbor Regional Center
21231 Hawthorne Blvd.
Torrence, CA 90503
(213) 540-1711
Serving Health Districts of Los Angeles County: Harbor, Bellflower, Long Beach Torrence

Inland Counties Developmental Disabilities Services
814 North Arrowhead
P.O.Box 6127
San Bernadino, CA 92401
(714) 888-6631
Serving Inyo, Mono, Riverside, San Bernadino Counties

Kern Regional Center
501 40th St.
P.O.Box 6127
Bakersfield, CA 93303
(805) 327-8531
Serving Kern County

San Andreas Regional Center
1270 Winchester Blvd.
P.O.Box 50002
San Jose, CA 95150
Serving Monterey, San Benito, Santa Clara, Santa Cruz Counties

South Los Angeles Regional Center
2160 West Adams Blvd.
Los Angeles, CA 90018
(213) 734-1884
Serving Health Districts of Los Angeles County: Compton, San Antonio, South, Southeast, Southwest

Tri-Counties Regional Center
222 East Canon Perdido
Santa Barbara, CA 93101
Serving San Luis Obispo, Santa Barbara, Ventura Counties

Valley Mountain Regional Center
850 North Hunter St.
Stockton, CA 95202
(209) 948-0636
Serving Amador, Calaveras, San Joaquin, Stanislaus, Tuolumne Counties

Western Regional Center
11300 South La Cienega Blvd.
Suite 400
Inglewood, CA 90304
(213) 670-7715
Serving Health Districts of Los Angeles County: Inglewood, Santa Monica West

ASSOCIATIONS FOR RETARDED CITIZENS
Member Units by Districts

District I

Butte County

ARC- Butte County
P.O. Box 3697
361 E. 6th St.
Chico, CA 95927
(916) 891-5865

Shasta County

ARC-SHASCADE
P.O. Box 1413
1756 South St.
Anderson, CA 96007
(916) 365-5493

Intermountain Aid for the Handicapped (Shascade Chapter)
P.O. Box 907
Burney, CA 96013

Tehama County

Tehama County Association for the Retarded, Inc.
P.O. Box 41
2440 Main St., Room 41
Red Bluff, CA 96080
(916) 529-0120

District II

El Dorado County

El Dorado County Association for Retarded Citizens
P.O. Box 2158
Placerville, CA 95667

Placer County

ARC-Placer County
700 Douglas Blvd.- Downstairs
Roseville, CA 95678
(916) 783-5700
(916) 624-2467
(916) 969-2467

Sacramento County

Sacramento Association for the Retarded, Inc.
2100 21st St.
Sacramento, CA 95818
(916) 452-4743

Elk Grove Chapter (SAR)

Sutter and Yuba Counties

Yuba-Sutter Council for the Retarded, Inc.
P.O. Box 137
Yuba City, CA 95991
(916) 742-0844

Yolo County

Yolo Council for Retarded Children, Inc
c/o Mrs. Eleanore Little (Treasurer)
1224 Cedar Place
Davis, CA 95616
(916) 753-7839 (H)

District III

Lake County

Clear Lake Association for Developmental Services
3775 Lakeshore Blvd.
Lakeport, CA 95453
(707) 263-5404

Mendocino County

Parents and Friends, Inc.
P.O. Box 656
350 Cypress St.
Fort Bragg, CA 95437
(707) 964-4940

Ukiah Valley Association for the Handicapped, Inc.
P.O. Box 689
Ukiah, CA 95482
(707) 462-7593

Napa County

Napa Valley Association for Retarded, Inc.
P.O. Box 2867
Napa, CA 94558
(707) 255-0177

Associations for Retarded Citizens (Cont'd.):

Solano County

ARC-Upper Solano
P.O. Box 771
Fairfield, CA 94533
(707) 427-0280

District IV

Alameda County

ARC- Alameda County
7808 Capwell Drive
Oakland, CA 94621

Contra Costa County

Contra Costa Association for Retarded Citizens
2280 Diamond Blvd., Suite 365
Concord, CA 94520
(415) 827-4495

Marin County

Marin Association for Retarded Citizens
70 Skyview Terrace
San Rafael, CA 94903
(415) 472-2373

San Mateo County

Peninsula Association for Retarded Children and Adults
1870 El Camino Real, #106
Burlingame, CA 94010
(415) 697-7237

Solano County

ARC, Vallejo-Benicia Unit
905 Ohio Street
Vallejo, CA 94590
(707) 552-2935

District V

Montery County

ARC-Monterey County, Inc.
P.O. Box 403
Monterey, CA 93940
505 Lighthouse Ave. #103
Pacific Grove, CA 93950
(408) 649-6240

Santa Cruz County

ARC- Santa Cruz County (Skills Center)
2685 Mattison Lane
Santa Cruz, CA 95062
(408) 476-6501

District VI

Amador County

ARC-Amador and Calaveras Counties
P.O. Box 666
Ione, CA 95640
(209) 274-2702

San Joaquin County

ARC-San Joaquin
802 East Flora St.
Stockton, CA 95202
(209) 464-7731

Stanislaus County

ARC- Stanislaus
1424 Stonum Road
Modesto, CA 95351
(209) 538-4000

District VII

Fresno County

ARC-Fresno
5755 East Fountain Way
Fresno, CA 93727
(209) 291-0611

Kern County

Bakersfield Association for Retarded Citizens
2240 S. Union Ave.
Bakersfield, CA 93307
(805) 834-2272

Indian Wells Valley Association for Retarded Citizens
216 N. Gold Canyon Drive
Ridgecrest, CA 93555
(714) 375-9787

ARC, Inc. - Taft
204 Van Buren
Taft, CA 93268

Associations for Retarded Citizens (Cont'd.):

District VIII

Santa Barbara County

Lompoc Valley Association for
Retarded Citizens
P.O.Box 833
123 North "D" St.
Lompoc, CA 93438
(805) 735-3428

ARC- Santa Barbara Council
Granada Building
1216 State St., Suite 501
Santa Barbara, CA 93101
(805) 963-8984

ARC- SAnta Maria
P.O. Box 1037
2445 "A" St.
Santa Maria, CA 93454

Ventura County

ARC-Ventura County
P.O. Box 1046
1732 Lewis Road
Camarillo, CA 93010
(805) 482-9831

District IX

Los Angeles County

Antelope Valley Association for
the Retarded
P.O. Box 2119
43437 Foxton Ave.
Lancaster, CA 93539-2119
(805) 948-8402

Exceptional Children's Foundation
3750 W. Santa Barbara Ave.
Los Angeles, CA 9008
(213) 290-2000

Harbor Area Retarded Children's
Foundation
P.O. Box 1189
600 West 8th St.
San Pedro, CA 90733
(213) 831-8931

ARC-Long Beach
4519 East Stearns
Long Beach, CA 90815
(213) 597-4396

Mid-Cities Association for
Retarded Children
1515 South Alameda
Compton, CA 90221
(213) 537-4510

ARC- San Gabriel Valley
2817 Tyler Ave.
El Monte, CA 91733
(213) 443-4343

ARC- Southeast Los Angeles County
12049 South Woodruff Ave.
Downey, CA 90241
(213) 803-4606

ARC- Southwest
16921 S. Western Ave., Suite 212
Gardena, CA 90247
(213) 532-8031

District X

Imperial County

Imperial Valley Association for
the Retarded, Inc.
P.O. Box 1828
1331 Clark Road
El Centro, CA 92243
(619) 352-0180

Riverside County

Foundation for the Retarded
of the Desert
P.O. Box 1183
Portola and Chicory
Palm Desert, CA 92260
(714) 346-0591
(714) 346-0592

Morongo Basin Chapter
P.O. Box 1140
Twenty-nine Palms, CA 92277
(714) 367-1619

ARC-Riverside
5969 Robinson Avenue
Riverside, CA 92503
(714) 688-5141

Associations for Retarded Citizens (Cont'd.):

San Bernadino County

ARC, Ontario Pomona
9160 Monte Vista Ave.
Montclair, CA 91763
(714) 621-3884

San Bernadino Area Association for
The Retarded
24554 East Sixth St.
San Bernadino, CA 92410
(714) 884-6484

San Diego County

ARC- North San Diego County
1221 Ridge Road
Vista, CA 92083
(619) 726-2250

ARC of San Diego
3035 "G" Street
San Diego, CA 92102
(619) 234-6711

AGENCY MAILOUT SURVEY

We are asking you to complete this survey for each client your agency serves. This information will be used to determine the need and availability of child care for children with disabilities. You may complete it based on your knowledge of the families you service or distribute the survey to them and have the parents return it directly to BANANAS.

Name of Agency _____ Date_____

Address _____ Zip_____

Phone _____ Contact Person _____

1. Person Completing form: ___ Parent, ___Agency.
2. Age of Child: ___ 0-2 ___ 7-10
   ___ 3-6 ___ 11-18
3. Type of Disability:
   - ___ Speech or hearing
   - ___ Mental Retardation
   - ___ Physical orthopedic
   - ___ Emotional
   - ___ Health
   - ___ Vision
4. Degree of disability:
   - ___ Mild
   - ___ Moderate
   - ___ Severe
5. Reason family needs child care
   - ___ Parent Working
   - ___ Going to school
   - ___ Seeking Employment
   - ___ Respite Care - time off for personal reasons
6. Is family currently using Child Care? ___ Yes, ___ No.
7. What Kind:
   - ___ Family Day Care
   - ___ Child Care Center (mainstreamed)
   - ___ Child Care Center (specialized)
   - ___ In home Babysitting
   - ___ Relative, neighbor, friend
   - ___ Respite Program
   - ___ Educational Program
   - ___ Other, Describe:_____
     _____
     _____
8. Is the current child care setting satisfactory? ___ Yes, ___ No.
   If not, why not? _____
9. Has the lack of child care availability prevented the parent from employment, school or other activities ? ___ Yes, ___ No.

Agency Mailout Survey (Cont'd.):

10. Would the parent prefer specialized or mainstreamed child care?

___ Specialized ___ Mainstreamed ___ Doesn't Matter

11. Is the child receiving educational services? ___ Yes, ___ No.

FAMILY INFORMATION

12. Income:

___ AFDC or SSI
___ Under $6000/ year
___ $6000 - $10,000/ year
___ $10000 - $15000/ year
___ $15000 - $25000/ year
___ Over $25000

13. One Parent ___ Two Parent ___ Foster Care ___

14. Transportation, i.e., Family Car? ___ Yes, ___ No.

15. Geographic area family lived:

___ Albany
___ Berkeley
___ N. Oakland
___ E. Oakland
___ Piedmont
___ Emeryville

Thank you for completing this. Please return by May 1981 to:

BANANAS
6501 Telegraphy Avenue
Oakland, CA 94609

Any questions: Judy Calder
658-6046

BANANAS

PARENT SURVEY DISTRIBUTED
THOUGH LOCAL SCHOOL DISTRICTS

6501 TELEGRAPH AVENUE • OAKLAND, CA 94609

CHILD CARE REFERRAL PHONE: 658-0381
BUSINESS LINE: 658-7101

Dear Parent,

We are interested in learning if you have been able to find the child care you need for your child with special needs. Please answer the questions below and return the survey to BANANAS, 6501 Telegraph, Oakland, CA 94609. Thanks.

BANANAS' Special Needs Referral Project

1. Do you now have child care for your child? ____ Yes ____ No
   If so, what kind? ____ Babysitter - your home
   ____ Family Day Care Home
   ____ Child Care Center
2. Are you satisfied with this child care? ____ Yes ____ No
3. How much are you paying for child care?_____
4. Do you get any help paying for child care? ____ Yes ____ No
   If so, from whom? _____
5. How did you find your child care provider? _____
   _____
6. Do you need more child care? ____ Yes ____ No
   If so, at what times? ____ Before School ___ Regular evening care
   ____ After School ____ Other:_____
   ____ Summer/Vacations _____
7. For after school care, what would be your ideal child care setting?
   ___ Group care on-site ___ Mainstreamed Group
   ___ Group care off-site ___ One to one care, your home
   ___ Other : _____ ___ Care in neighborhood
8. How much can you afford to pay? _____
9. What kinds of activities would you like to see in a child care settting?
   ___ Educational ___ Recreational
   ___ Self-help training ___ Free Play
   ___ Other: _____
10. Your child's age: ____ Sex:____ Boy ____ Girl
    Describe your child's disability/illness: _____
11. Child's school district
12. Name & Phone: (Optional) _____
13. Comments: _____

PHONE QUESTIONNAIRE TO ACCESS PROVIDER WILLINGNESS
TO RECEIVE SPECIAL NEEDS CHILD CARE TRAINING

Name of Provider _____

Address _____ Phone _____

If Provider asks " What is special needs care?" this means caring for a child who because of any physical, health, emotional or mental disability requires some special care, e.g., a child who is retarded or a child needing braces or one who has seizures, asthma or has problems seeing or hearing.

1. What kinds of special needs children could you care for?

   Physically disabled _____

   Health Impaired _____

   Emotionally Disabled _____

   Mentally Disabled _____

2. What kinds of experience with that (those) type(s) of disability have you had?

   Any special skills? (e.g., signing, infant stimulation, etc.)

3. Would you be willing to have training for specific needs?

   If so, Workshops? ____

   On-the Job? ____

4. What would be the most convenient time for training?

   Saturday _____

   Evenings _____

   During the day ____
   (with paid respite)

REMIND PROVIDER OF WORKSHOP ON OCTOBER 18 "Identifying the Infant at Risk" AND THAT OTHER WORKSHOPS WILL FOLLOW

SAMPLE PHONE CONVERSATION WITH PROVIDER

Resource & Referral: "Would you be willing to consider caring for a child with special needs?"

Provider: "What do you mean?"

R. & R.: "A child with special need is a child with a disability -- either physical, emotional, or behavioral problem which requires some extra care."

P.: "Oh, sure I would consider"
or
"Oh, no I don't have the patience for that."

R. & R.: (If the provider responds positively)
"Do you have any special skills or have you had any personal experience witha disabled person?"

P.: " Well yes, my granddaughter is retarded."
or
" My parents are deaf and I learned sign language from them"
or
"No, but the center has always been interested in caring for handicapped children and we would be willing to learn providing the handicap isn't too servere."
or
"Maybe I need to think about it and get back to you."

R. & R.: "Fine, I will mail you a handout or questionnaire to fill out and return to us. The most important thing for you to remember if you decide to care for special children is to ask for information and advice from the parent and others who may be working with the child. Sometimes when a child's care seems somewhat complicated we would call you to discuss the child's needs before giving the parent your name. That way you can either think about it first or you can choose not to care for the child without having to go through it with the parent. Having to say no can make you and the parent feel pretty bad. Thank you and be sure to call me (give name) back if you have further questions."
or
You may decide to complete the special needs questionnaire with the provider on the phone.

BANANAS

Dear Child Care Provider,

BANANAS is looking for child care providers with a willingness and/or skills to care for children with special needs. These are children who, because of an emotional, physical, mental or health disability, require some extra care. If you have certain skills e.g. signing, or experience with conditions such as retardation or diabetes... or, if you are willing to learn about caring for a child with special needs, then please answer the questions below:

	Yes	No	Not sure	Willing to learn
1. Have you ever cared for child with special needs? Explain:				
2. Would you care for a child who needs special equipment, e.g. braces, feeding equipment, wheelchair?				
3. Is your site accessible by wheelchair?				
4. Would you care for a child who has seizures?				
5. Would you care for a child who can't see well?				
6. Would you care for a child who can't hear well?				
7. Would you care for a child who is retarded?				
8. Would you care for a child with an emotional disability?				
9. Can you communicate with sign language?				
10. Are you vendorized to receive funds from any agency for the care of special children, e.g. Regional Center? Which agency?				
11. Do you have any special skills or training? Explain:				

NAME/PROGRAM _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Please return to BANANAS, 6501 Telegraph Avenue
Oakland, CA 94609

For more information, call Judy Calder, R.N., 658-6046

Disability Definitions

There are dozens of specific disabilities children may have, but basically they fall into a few broad categories. Here is a list of these categories and what they means:

COMMUNICATION DISORDER: This child can not hear well or at all, or may have difficulty speaking or understanding speech.

DEVELOPMENTAL DISABILITY: A child with a developmental disability grows and develops more slowly than an able-bodied child. His physical, mental and emotional development may be affected by the disability.

HEALTH IMPAIRMENT: This child requires specialized care due to a chronic health problem such as asthma, diabetes, epilepsy, sickle cell anemia or because of terminal illness.

LEARNING DISABILITY: A learning disabled child needs specialized care because he needs to learn in different ways. For instance a child who has trouble reading may need clear verbal instructions. This child may also have behavior problems.

PHYSICAL DISABILITY: This is a child who is born with a physical condition or acquires it through an accident, whose movement is limited in some way. This child may have special equipment such as braces, crutches, or a wheelchair.

VISUAL IMPAIRMENT: A child who is visually impaired cannot see well or at all.

SAMPLE - SPECIAL NEEDS CATALOGING FORM

SPECIAL NEEDS BY DISABILITY TYPE OF DISABILITY _____

NAME & ADDRESS	PHONE	TYPE OF PROV.	SECTION	DISABILITY & COMMENTS	REFER FREELY

SAMPLE - RECRUITING NOTICE FOR USE IN THE NEWSLETTER

WANTED: SPECIAL PROVIDERS TO CARE FOR SPECIAL KIDS

BANANAS is looking for child care providers with willingness and/or skills to care for children with special needs. These are children who because of emotional, physical, mental or health disability require some extra care. If you have certain skills, e.g., signing, or family experience with illness like epilepsy or asthma -- or if you are willing to learn about caring for a child with special needs, we want to hear from you. We can assist you with appropriate training and support needed to care for disabled children.

Call Judy at BANANAS, 658-6177

Front Side:

PARENT INFORMATION INTAKE CARD

Birthdate_____ Age_____ LAST NAME_____
M____ F____

Ex/Playgroup____Paid Full____Paid Part____Sub. Full____Sub. Part____

Child's Name_____

Parent's_____

Address_____

City_____Zip_____

Home Phone_____Work_____

Car?_____Will Travel?_____

Description of type of care needed/preferred:

Family Day Care____Nursery School/Center____
At Home____Babysitter____Co-op____Exchange____
Playgroup____B/Aft. School____

Special Needs:_____

Date of Contact_____ Address Card Made_____Evaluation_____

Where did the parent hear about BANANAS?_____Initials_____

Area:_____

Back Side;

1. Communication?:_____ 2. Mobility?:_____
3. Eating/Diet?: _____ 4. Toileting?:_____
5. Relationship with Peers?:_____
6. Medication or Special Treatment?:_____
7. What are the Child's Special Needs?:_____

_____

8. Other Services the Child is receiving?:

Name of Agency/School/Individual	Type of Services	Would They Work With the Provider?
_____	_____	_____
_____	_____	_____

9. What kind of person/program do you envision caring for your child?:_____

_____

10. Explain how you can help (stress parental choice)
11. Parent Ed. Handout Mailed: yes ☐ no ☐ 12. Follow-up Date:_____
13. Feedback:_____

BANANAS

6501 TELEGRAPH AVENUE • OAKLAND, CA 94609

CHILD CARE REFERRAL PHONE: 658-0381
BUSINESS LINE: 658-7101

Dear _____,

You recently called BANANAS requesting information about child care and/or other services for your special child. We know it can sometimes be difficult to find exactly the right setting for you and your child's needs. And, of course, only you can choose. We hope you will call us back for more choices if you are not satisfied with what you have seen.

Once you have decided on care for your child, it is very important for you to offer all the information an individual provider or child care program will need to properly care for your child. You may want to speak with your doctor and/or other specialists who know your child well and ask them what kinds of information or assistance they are willing to give to the provider. Also try to keep them up-to-date about your child's progress or any problems which might occur at the child care. The more information you can share with and receive from your caregiver, the more you can trust that the child care relationship with work.

Please let us know if we can be of any further help.

Sincerely,

Resource and Referral
Specialist for BANANAS

BANANAS

6501 TELEGRAPH AVENUE • OAKLAND, CA 94609

CHILD CARE REFERRAL PHONE: 658-0381
BUSINESS LINE: 658-7101

FOR IMMEDIATE RELEASE:
ATTENTION COMMUNITY CALENDAR

FOR FURTHER INFORMATION CONTACT:
Judith Calder or Karen Henry, 658-6177

BANANAS Child Care Information and Referral Service is offering a series of training workshops for day care providers interested in including disabled children in their day care settings. The workshops will be held on 6 Saturdays between February and June beginning February 28. Topics and dates of the workshops are:

February 28	Attitudes Toward Disabilities
March 14	Parent-Provider Communication
March 28	How to Fit a Disabled Child Into your Program
April 25	Infant Stimulation Techniques
May 9	Behavior and Discipline
June 13	Safety and First Aid

All classes will held at BANANAS' Housing Office, 6421 Telegraph Avenue, 9:30 to 12:30 p.m. Credit is available through Merritt College.

BANANAS

6501 TELEGRAPH AVENUE • OAKLAND, CA 94609

CHILD CARE REFERRAL PHONE: 658-0381
BUSINESS LINE: 658-7101

FOR IMMEDIATE RELEASE

FOR FURTHER INFORMATION CONTACT:
Judith Calder or Karen Henry
658-6177

BANANAS Child Care Information and Referral Service is pleased to announce a new component to its services: child care referrals for special needs children. The Special Needs Project, which parallels BANANAS' other services, is funded by a start-up grant from the San Francisco Foundation. The purpose of the project is to assist parents of children with such special needs as physical, mental and emotional disabilities in their search for child care--preschool, before and after school, center-based or home-based child care.

BANANAS hopes this service will provide parents with the choice of placing their disabled or health impaired children in normalized day care settings, and the opportunity for disabled and non-disabled children to learn from and about each other.

BANANAS is presently in the process of locating day care providers interested in caring for disabled children. To support these providers, a series of Saturday morning training workshops will be offered beginning February 28. Topics of the workshops will include: Communication Skills Training, How to Fit a Disabled Child into Your Program, Infant Stimulation Techniques, and Behavior and Discipline of the Disabled Child. Classes will be held Saturday mornings at BANANAS' Housing Office, 6421 Telegraph Avenue and credit is available through Merritt College. For more information and last minute changes call Judy or Karen at 658-6177.

BANANAS

SAMPLE WORKSHOP ANNOUNCEMENT

6501 TELEGRAPH AVENUE • OAKLAND, CA 94609

CHILD CARE REFERRAL PHONE: 658-0381
BUSINESS LINE: 658-7101

WORKSHOPS FALL 1981
SPECIAL NEEDS/CURRENT ISSUES IN CHILD CARE

COURSE OVERVIEW: Ideas for expanding your curriculum and identifying and mainstreaming children with specific disabilities. Course Content is appropriate for providers serving both able-bodied and disabled chidren.

September 19 - 11:30 - 3:00 (includes lunch and registration)

OBSERVATION: Have you REALLY watched a child? How can you figure out what's going on with a child? Learn how to observe, make sense out of what you're observing and write it down.

September 26 - 9:30 - 12;30

LEARNING DISABILITIES AND EMOTIONAL DISTURBANCE: What is it like to live with these disabilities? Things to ask yourself before accepting children with these disabilities into your program; the special care you will need to provide a child with disabilities; how to identify children with these special needs.

October 3 - 9:30 - 12:30

SETTING UP A CURRICULUM IN PRESCHOOL: Ways to set up a preschool program for children in child care full day. Curriculum areas such as art, music, academic preparedness, socialization, and cultural awareness will be discussed with emphasis on developmental needs.

October 24 - 9:30 - 12:30

CIRCLE AND MUSIC TIME: How to incorporate circle time into the day-to-day program and the ways in which it can be used to enhance your program. Music ideas and materials will be explored with an emphasis on how to encourage pre-school children to enjoy and learn through music.

October 31 - 9:30 - 12:30

RETARDATION: How does the world look to someone who has retardation? Things to ask yourself before caring for a child with retardation; how to identify a child with retardation; special care needs of these children.

November 7 - 9:30 -12:30

COMMUNICATION DISORDERS: What is it like to be speech and/or hearing impaired? Should you accept communication-disabled children into your program? How to identify children with these problems and how best to meet their needs in your setting.

SUPPORT SERVICES FILE CATEGORIES

I. DIRECT SERVICES

. All Disabilities

- Programs which are not disability-specific such as Health Services, Headstart(Mandated to serve 10% handicapped children), Child Care Centers who specifically mainstream children
- School District Departments of Special Education

. Communication Disorders

- Schools with speech and language programs
- Programs for Deaf Children
- Clinics which serve hearing and speech impaired children

. Developmental Disabilities

- Specialized Early Childhood Programs such as infant stimulation programs
- Development Centers for the Handicapped
- Residential Programs (optional)

. Emotional Disturbance

- Programs and schools for children with emotional disturbance
- Mental Health Clinic
- Residential Centers
- Counseling Services for the children and the family

. Health Impairment

- Specialized Clinic for specific health programs, e.g., genetics, Cystic Fibrosis

. Neurological Handicaps/Learning Disabilities

- Schools specializing in educating children with neurological handicaps
- Tutorial services for children with learning disabilities
- Neurological clinics

. Physical Disabilities

- Agencies which directly service children with physical disabilities, e.g., California Childrens Services
- Rehabilitation Centers
- Schools for the Orthopedically Handicapped

. Visual Impairment

- Schools and educational services for blind/visually impaired children
- Opthamology Clinics

Support Services File Categories (cont'd.)

II. INDIRECT SERVICES

. Advocacy

- Any agency which provides advocacy of any type on behalf of disabled people,e.g., D.D. Council, Regional Center, Association for Retarded Citizens, Disability Rights Groups, Hotlines for advice

. Diagnostic Clinics

- Mental Health Clinics
- Medical Diagnostic Clinics
- Learning Disability Clinics
- Speech and Hearing Diagnostic Clinics
- Vision Screening Clinics

. Employment / Training Rehabilitation Programs

- A catchall category of services related to employing, educating and rehabilitating people with disabilities as well as educational resources for special education fields
- U.C. Extension(Special Education Classes)
- Junior College Special Education Paraprofessional Programs
- Colleges and Universities which offer special education credentials

. Support Groups

- Any group supporting parents of disabled children or groups for children with disabilities or for disabled parents

. Recreation

- Any recreational program mainstreaming or specializing in special children
- Summer programs, classes, camps, etc.
- After- school Programs for children with disabilities

. Professional Resources

- Individual professional: Doctors, psychologists, therapists of all kinds, learning specialists

. Referral Services

- Other referral services which deal with any services a family might need or want to use, e.g., Bilingual services

. Teen Services

- Any service which specifically serves disabled teenagers, e.g., Planned Parenthood services for girls with retardation

. Transportation

- Any transportation services available for people with disabilities

. Miscellaneous

- Whatever doesn't fit elsewhere, e.g. ramping services, housing

III. SERVICES IN OTHER COUNTIES

The same category headings can be used to catalog services not within your geographic area of service but which are reasonably accessible and appropriate for the families served by your agency.

BANANAS' Child Care Provider's Guide to Identifying and Caring For Children With Special Needs

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Bananas Child Care Information and Referral Service
6501 Telegraph, Oakland, 94609
658-0381

How Can This Booklet Help Me?

Sometime during your career as a child care provider, you will probably come to know a child who has special needs. Maybe a parent will ask you to care for her disabled two-year-old. Maybe a preschool or school-age child already in your care will be found to have a terminal illness. And maybe a "normal" child in your care will cause you concern by being slow to develop in some way.

However you come to know this child—whether as caregiver for an identified child or as caregiver who identifies the child—your relationship to the child and her family may be crucial to that child's (and family's) growth and development.

If you become concerned about a child in your care, trust your intuition. Having worked with many children, you're in a good position to notice a child who's having difficulty—maybe better than many parents, who may have experience with only one or two children.

Knowing you want the best for a child and the family will give you the confidence to observe and evaluate the child and share your concerns with the parents. Your concern and caring can mark a new beginning for a young child.

This booklet tries to give you some ideas on how to:

- identify children with special needs
- document and record your concerns
- talk with the parents

and where to:

- go for help

It also gives you some things to think about before you take a child with special needs into your care. Hopefully this information will help you make the best decision for the child, yourself and your program.

Who Is a Child With Special Needs?

Every child is a special person. But what we're talking about here are children who need *special care* because of physical, emotional or health reasons. The kinds of special needs vary greatly. They could be simple allergies, moderate retardation, or, sadly, a child with a terminal illness. Here are some of the broad categories of special needs:

COMMUNICATION DISORDER—A child with this disability cannot hear well or at all, or may have difficulty speaking or understanding speech.

DEVELOPMENTAL DISABILITY—A child who is developmentally delayed grows and develops more slowly than an able-bodied child. His physical, mental and emotional development may all be affected by the disability.

EMOTIONAL DISTURBANCE—A child with emotional disturbance may need help learning to relate to others as well as to daily routines.

HEALTH IMPAIRMENT—A child who is health-impaired requires specialized care due to a chronic health problem such as asthma, diabetes, epilepsy, sickle cell anemia or because of terminal illness.

LEARNING DISABILITY—A learning disabled child needs specialized care because he needs to learn in different ways. He may have difficulty learning through reading, and so may need clear verbal instructions. This child may also have behavior problems.

PHYSICAL DISABILITY—A physically disabled child is either born with a physical condition or acquires it through an accident. The disability limits his movement in some way, and may require the child to use special equipment such as braces, crutches or a wheelchair.

VISUAL IMPAIRMENT—A child who is visually impaired cannot see well or is blind.

How Can I Recognize a Child Who May Have Special Needs?

From your experience with many children, you already have a pretty good idea of what a normally developing child looks like. You also know that children vary a great deal in *what* they learn to do *when*. Below are some lists of "Early Warning Signs" (put out by the State Department of Education) to help you confirm your sense that a child may need help. You might also use this as a checklist to keep track of your observations.

Remember, all children will be slow at some things. It's only when a child is slow at a number of things that there may be a problem.

A Child May Have Special Needs If S/he:

SEEING

- ☐ Is often unable to locate and pick up small objects dropped on the floor.
- ☐ Frequently rubs her eyes or complains that they hurt.
- ☐ Has reddened, watering or encrusted eyelids.
- ☐ Holds her head in a strained or awkward position, tilting it to one side or the other, forward to backward, when trying to look at a particular object.
- ☐ Sometimes or always crosses one or both eyes.
- ☐ Frequently bumps into objects.

HEARING

- ☐ Does not look to the source of sounds and voice.
- ☐ Has frequent earaches or nose, throat or ear infections.
- ☐ Talks in a very loud or very soft voice.
- ☐ Does not come when you call from another room.
- ☐ Turns the same ear toward a sound when she wants to hear it.
- ☐ Breathes through her mouth.

THINKING

- ☐ Does not figure out simple problems, such as finding a hidden object, by age 1 or 2.
- ☐ Does not identify simple body parts by pointing to them, does not match similar objects, or recognize self in a mirror by age 2.
- ☐ Does not understand simple stories by age 3.
- ☐ Does not give reasonable answers to such questions as "What do you do when you're sleepy/hungry?" by age 4.
- ☐ Does not understand the meanings of the words today, tomorrow or yesterday by age 5.

TALKING

- ☐ Does not shake her head "No" or say "Mama" or "Dada" by age 1 or 2.
- ☐ Does not name family members and/or common objects or speak in two-word phrases with a 280 word vocabulary by age 2.
- ☐ Does not know her last name, sex and common rhymes and speak in 3 and 4 word sentences with a 900 word vocabulary by age 3.
- ☐ Does not tell stories of real and make believe, ask frequent questions, speak in 4 and 5 word sentences with a 1,500 word vocabulary by age 4.
- ☐ Does not know her age, answer questions to the point, and use various types of sentences with a 2,000 word vocabulary by age 5. (Of course, what good provider has time to sit down and count?!)

MOVING

- ☐ Does not sit without support, pull self to standing position, reach for objects or pick up objects with her thumb and forefinger by age 1.
- ☐ Does not walk alone, kick a large ball, scribble, or build a tower with 2 or 3 blocks by age 2.
- ☐ Does not walk up or down stairs, pedal a tricycle, run without falling, or turn pages of a book by age 3.
- ☐ Does not balance on one foot, jump from a bottom step, catch a large bounced ball, or close a fist and wiggle a thumb by age 4.
- ☐ Does not turn somersaults, pump self on a swing, or cut with scissors by age 5.

PLAYING

- ☐ Does not play games such as peekaboo or pat-a-cake or wave byebye by age 1.
- ☐ Does not imitate parents doing routine household chores by age 2 or 3.
- ☐ Does not enjoy playing in a purposeful manner or interacting with adults and children outside the family by age 3.
- ☐ Does not play make-believe games and group games, such as hide-and-seek with other children by age 4.
- ☐ Does not share and take turns, express concern, or desire to "show-off" occasionally by age 5.

I Have Concerns About a Child. What Do I Do Now?

You have been observing a child for several weeks or months. Somehow she's not doing what you're used to seeing in a child of this age. Or she doesn't "look right." She's sad all the time, or laughs at the wrong things. Now it's time for you to *observe* and *write down* specific incidents which seem to be happening over and over. Here are some general suggestions to keep in mind when you're observing:

Try to be as objective as possible
Date all observations so you can better look for changes
Write down exactly what the child does or says
Observe each activity more than once
Be sure to look for strengths and weaknesses

How Will I Remember All This Information?

There are several ways to keep track of your thoughts and observations:

- "Scraps of Paper" Method: Write down notes right after something happens. Collect the child's drawings and other creations. Jot down anecdotes shared by other staff members or the child's parents.
- Journal Method: Write something down about the child every day in a special notebook so you have an ongoing picture of what she does.
- Checklist Method: Make up a list of categories and watch the child's behavior or appearance in each category. Some categories might be: general health, vision, hearing, motor development, self-help skills, speech and language, behavioral or social, learning or thinking.

Now that you have collected some specific information about the child, use the following questions to help you put your observations into perspective. They will help you decide whether this child is just "Leo the Late-Bloomer" or a child who needs outside help.

- Has the child made progress over time, or is she "stuck"?
- Is the child ignored by the children in the group because she can't keep up with them, doesn't get their jokes, doesn't understand the rules of the game?
- When you teach a concept for several weeks (like empty-full) does the child get it and remember it?
- Are your expectations for this child—given everything you know about her—realistic?
- Are this child's problems related to something in your program? Does she have trouble at specific times—lunch, nap, circle, transitions? Does she get enough time alone versus group time?
- Is the child able to get involved in an activity and concentrate?
- Does the child always play with games/toys/materials in the same way, or does she get ideas for new ways to use them?
- Is the child's energy level ok? Or does she seem always tired? Are there lots of allergic symptoms—rashes, running noses or eyes, coughing, wheezing?
- Does she know how to use her time? Is she independent—can she make choices about what she wants to do?
- Does she seem confused in your environment—unaware of the pattern of the day, of the schedule, of the sequence of activities?

Perhaps after answering these questions you will decide the problem can be solved by a change in your program or schedule or staffing plan. If so, try it. Make the plan consistent and fair; share it with other staff *and* with the child; allow time for the plan to work. You may solve the problem at this point. Or you may conclude the child really needs to be seen by a professional.

How Do I Talk to the Parents About My Concerns?

Sharing your documented concerns with the parents is not an easy job. But planning ahead will be helpful. Hopefully you've been talking all along, casually, sharing information about the child on a daily basis. This time may be different, though . . . more difficult. Remember that parents are deeply affected by their child's successes and failures. Perhaps you are a parent yourself and you have experienced these feelings. Be prepared for a wide range of reactions: tears, anxiety, relief, acceptance, anger, denial, guilt, fear, blame.

Be prepared to accept the parents' response. Try to be supportive: "I know it's hard to hear your child is having problems." And give them time. We all need time to take in difficult news.

Before you talk with the parents think about how you will express your concerns. You want to present the information in as non-threatening a way as possible:

- Always have something positive to say about the child
- Do not blame the parents for the child's behavior
- Give a clear picture of the problem by using specific examples
- Describe what techniques you have tried to tackle the problem
- Use terms the parents can understand
- Ask for the parents' impressions about the approach you've taken
- Try to keep your personal biases out of the way (whether you adore *or* have trouble with the child)
- Present the child's problem in a neutral way. "Mary is awfully clumsy" will not go over as well as "Mary seems to have difficulty with some kinds of movement"
- Never compare this child with siblings or other children

As you prepare to talk with the parents, maintain a positive outlook: anticipate that the end result of your talking with the parents and making a referral will be positive for the child, family and program. This will help you keep your courage.

Now I'm Ready. How Do I Plan the Meeting?

Your meeting will go more smoothly if you plan ahead of time exactly: When and where you will meet; What you will say; What kind of follow-up you will offer.

● **Where and When:** The first step is letting the parents know you want to have a meeting with them about their child. You can call them in the evening, or speak with them when they drop off or pick up their child—if there is enough time and privacy. Think about what you will say. Something like "I've known Mary for some time now, and I enjoy having her in my program very much. I do have some things I'd like to talk to you about though, so I wonder if we can figure out a time to get together?"

Be prepared to offer specific times when you are available and find out what will work for their schedules. If your schedules make a meeting impossible, schedule an evening phone conference.

● **What you will say:** Think ahead of time, or maybe even write down, exactly what you will say.

- Begin with something positive about the child: "I've been really pleased with how Mary has learned to share with the other children/use scissors/work independently/become a leader."
- Then state your concerns: "But I have some concerns about the difficulty she has in such activities as jumping, climbing and riding a tricycle. Have you noticed that she has trouble with these things at home?"
- Then give specific examples from your notes: "I've kept some notes over the past couple of months, and I've noticed she's not able to master the jungle gym. She can't seem to get beyond putting one foot on the bottom bar."

● **Following-Up:** After you and the parents have talked about your observations, be prepared to suggest specific resources to them. If you and the parents agree that there is a problem, you may want to suggest they contact the school district or Child Development Center for testing. (See Parent Resources, p. 11.)

Or they may be too overwhelmed with the information to respond to a referral this soon. Give them time. Be supportive. Decide together on a time for a follow-up discussion. If you find yourself overwhelmed or confused by their reaction, check out Provider Resources (pp. 18-19) to find some support for yourself.

Where Can I Advise the Parents To Turn?

● **The Family's Pediatrician or Clinic:** The first place to turn may be the family's pediatrician or clinic doctor. The parents can tell the doctor of their concerns and ask his or her advice.

● **The Local School District:** The second place to consider is the family's local school district. Under Public Law 94-142 (the Education for all Handicapped Children Act of 1975), all handicapped people aged 3-21 must receive a free education, suited to their individual needs. Some school districts also help infants. The local school district is responsible for evaluating children with special educational needs at no cost to the parents, and must do this and place the child in an education program within a certain amount of time.

You may also become involved with the school district because you are an important person in the child's life. As someone who cares for the child some part of the time and who therefore knows her needs and abilities quite well, you may be asked by the parent or by the school to be part of an Individualized Educational Plan Meeting (IEP). Under the law, every child determined to have special needs must have an IEP written at least once a year. The parents, teachers, and anyone else who knows the child's abilities get together to write down what the child can do already, and then set goals for what she will accomplish in the coming year.

You may be asked to help carry out the plan decided on at this meeting, such as helping the child learn how to set the table or dress herself.

Be sure to ask for all the information you feel you need to do this, as well as to give information about what you know the child can or can't do. Because you see the child in a non-school setting, you may know things about her that other adults don't know.

When you call, ask for the Office of Special Education:

Alameda	522-6700
Albany	526-6441
Berkeley	644-6210
Emeryville	655-6936
Oakland	836-8222
Piedmont	653-6522 ext. 31

● **BANANAS** (658-6046) can help parents find the kinds of services they need. BANANAS can refer them to diagnostic clinics, specialized programs, medical professionals, and recreational programs for children with special needs.

● **Children's Hospital, Child Development Center** (428-3351) provides comprehensive evaluation, diagnosis and treatment of all disabilities.

● **Herrick Hospital, Communication Disorder Clinic** (540-4415) offers outpatient services for people with communication disorders and a special summer program for children who need speech therapy.

● **Regional Center of the East Bay** (451-7232) serves people with developmental disabilities through diagnosis, financial assistance, advocacy and long range planning.

● **Other Agencies for Children and Families with Special Needs**

The *Alameda County Developmental Disabilities Planning and Advisory Council* (874-7554) coordinates and advocates for services to people with developmental disabilities and periodically publishes a comprehensive directory of these services in Alameda County.

The *Alameda County Lung Association* (893-5474) has materials on asthma and other lung diseases and periodically offers classes on caring for the child with asthma.

The *Association for Retarded Citizens—Alameda County* (632-4300) offers advocacy, counseling and referrals; sponsors infant and pre-school programs and a Parent-to-Parent support groups for parents of children with any kind of disability.

The *California Association for Neurologically Handicapped Children* (834-7897) offers information and referrals on learning disabilities.

The *Downs' Syndrome League* (254-2980) provides parent support, informal counseling and a speakers' bureau.

The *Epilepsy League* (893-6272) offers informal counseling and referrals, a parent support group and literature.

United Cerebral Palsy (832-2013) provides information and referral, educational assessments, equipment recycling and a listing of dentists who care for children with disabilities.

Can I Care For a Special Child?

Perhaps you don't think of yourself as a special needs caregiver, so you haven't listed yourself in BANANAS' Special Needs Referral File. Maybe you have strong feelings on the subject. Maybe you've never really thought about it one way or the other.

If a child already in your care is found to have a disability, you will have to decide whether you can continue to care for her or not. And if a parent of an already diagnosed child calls you for child care, you will be faced with a similar decision. This section will give you some help with making this decision.

What Does It Mean to Care for a Child With Special Needs?

The fact that a child has special needs does not mean your *role* as a child care provider is any different. You are a nurturer first, for any child in your care. Your job is to respond to each child's needs for safety, security and stimulation.

In the case of a child with special needs, you are not responsible for her speech therapy or for setting educational goals. You will (hopefully) be working with the child's parents and any other agencies or professionals who work with the child. They may ask you to work on certain areas with the child.

So your role will not be different. A child with disabilities needs the same things any child does—to feel loved, to feel good about herself, to become as independent as she can. But realistically she will need more help from you than an able-bodied child to achieve these goals. She may need a more structured schedule or environment, more support to try something new, or more physical help with tasks she cannot manage. She will need your encouragement when she feels like a failure, as will her parents when they are grieving or frustrated by the demands of raising a special child.

Basically a good developmental child care program can meet the needs of most children with special needs.

What Should I Ask Myself Before Taking a Child With Special Needs?

Do I like the challenge?
Do I consider myself a helper?
Do I like to learn?
Do I have a lot of patience?
Do I know my own strengths and limits?
How do I feel about people with disabilities?
Do I want to care for this child?

What Should I Ask the Parents of the Child I Am Considering?

You may want to know the child's diagnosis, but this probably will not tell you what she can or cannot do. What you want to know is how she is similar to children her age, how her special needs make her different, and what this will mean for your program. These questions will help you obtain this information:

- What is your child like?
- How does she communicate her needs?
- Does she need help moving around? with feeding? with toileting?
- Is she on a special diet or medication?
- What are the child's special needs?
- Are other agencies or professionals working with the child?
- How does she relate to other children her age?
- What do you expect of me as her child care provider?

Why Should I Consider Caring for ChildrenWith Special Needs?

Mainstreaming, or including children with special needs in your regular program, can have benefits for both the special child and the able-bodied children. Children learn a great deal from each other. A special child who is in a normalized setting (rather than a special school or class) can learn positive behavior from watching her able-bodied peers.

Nonhandicapped children can learn from their experience with handicapped children that people are basically all alike, despite superficial differences. They learn to be more tolerant and accepting of people who are different from themselves. They can also learn to be more nurturing by helping the less able child, and by learning when and how it is appropriate to help.

Why should you care for this child? The parents of disabled children need child care like other parents. Just as a child with special needs is a child first and disabled second, her parents are people first and parents of a disabled child second—they need to work, go to school and have time off just as all parents do.

Although caring for children with special needs may require extra time, effort and patience, you cannot count on being paid more for your services than your usual child care fee. No agencies pay extra for special care. Finances will need to be a consideration in your decision, but it is probably unrealistic to decide to do special needs care for financial reasons.

Where Do I Turn For Advice?

Parents. You should expect other adults to work with you and to support you in your work with a special child. The child's parents will be your partners in this venture. Talk to them daily . . . share information . . . ask questions.

Professionals. Ask other professionals working with the child for advice and suggestions if and when you need help. You are part of the team which is helping the child reach her potential.

Books. Read books about the child's disability or condition. Some are listed here (p. 16) but your local librarian will also be of assistance.

BANANAS. Because caring for a special child is an individualized matter, much of what you will be learning is O.J.T. —On the Job Training. You will need to enlist the support of other adults in your education. BANANAS can also help you with advice and support, help in planning and in locating resources.

But in the end, it is really up to you, your feelings, your attitudes, your resources. Be honest with yourself and you will surely make the right decision.

Are There Some Words to Be Avoided?

SAY THIS	*. . . INSTEAD OF THIS*
HANDICAPPED	backwards
PHYSICALLY DISABLED	crippled, limpy, gimpy
DEAF, UNABLE TO SPEAK	dummy
OVERWEIGHT	fat
RETARDED, MENTALLY ILL	feeble minded
WEARS GLASSES	four eyes
HAS SEIZURES	has the fits
IS DIFFERENT	freak
CURVED BACK	hunchback
RETARDED	idiot, moron
PSYCHOLOGICAL OR BEHAVIORAL PROBLEMS	mental
DOWNS' SYNDROME	mongolian idiot, moon-face
MENTALLY ILL	psycho
RETARDED, SLOW	retard
SCHIZOPHRENIC	schiz
LACKS MUSCLE CONTROL	spaz
HAS DEFORMED FOOT	the foot
HANDICAPPED	"not right"
HYDROCEPHALUS	water on the brain

How Do I Talk to the Other Children About the Child With Special Needs

Children are naturally curious—thank goodness. Generally they are very accepting of differences when their questions are answered simply, truthfully and promptly. But if their questions are met with silence or some kind of denial of the disability, in a way we are really telling them that the disabled child doesn't exist. It's only when peoples' differences are confronted and explained that we—children and adults—can go on to discover all our important similarities.

Explanations, appropriate to the child's age, should begin by confirming what the child actually sees. "Yes, he doesn't act his age; he is retarded," or "Yes, her hand is missing."

Next, address the way children will probably think about the disability. They usually wonder what the disability might mean in their own lives. Often the first question or fear which occurs to them is "How did it happen? Can it happen to me?" Try to give an explanation of possible causes. Three you might use are: "He was born that way." "He had a rare disease." "He had a serious accident."

Follow your explanation with a reassuring but qualified response like: "While it is always possible that you could have a serious accident or illness, most likely it won't happen." This will diminish fears of "catching" or spontaneously acquiring the disability.

Don't promote attitudes of pity toward the child with a disability. Rather, try to show the others what empathy is all about. Avoid statements like "Poor child, she can't see" and substitute statements which explain how a person adapts to a particular disability, "I'm sure activities are more difficult because she can't see, but she can get around very well. See how she can pour her apple juice."

Another way to develop empathy is to ask the child to imagine what it must be like to have a disability: If you were in a wheelchair, what things could you still enjoy?" "How would you feel if you couldn't go to a movie because of the stairs?"or "What if people teased you because of the way you looked or spoke?"

Sometimes children will ask their questions directly of the child who is disabled. Questions may be a quick and spontaneous "What's wrong with you?" or a more intricate one like, "Where did they put the other part of your arm?" While questions like these should not be deliberately imposed on a disabled child, we must support the able-bodied and the disabled child in coming to a positive understanding.

Most often this happens; occasionally it doesn't. Be sure to talk over the incident with the children involved later.

Many children satisfy curiosity by "trying on the disability." They may want to use the adaptive equipment or to touch a paralyzed limb, or act out what it's like to be visually impaired. With all respect to the feelings of the disabled child in care, the activity should be allowed. Interest will generally wane as the children get their fill of exploring the experience. Be sure to respond to the questions, fears and concerns that arise out of this kind of play.

Don't forget how much children learn by your example. The way you treat the child with special needs will teach more than anything you say. If you treat the child like an invalid, as helpless, incapable of learning or exploring new things, they will do likewise. On the other hand, if you treat the child as capable and fun to be around, so will they.

Some Good Books to Read With Children

An Exceptional View of Life written and illustrated by handicapped children through the Easter Seal Society (Australia: Island Heritage Limited, 1977) is a beautiful collection of paintings, poems, stories and thoughts by handicapped children. It will be enjoyed by anyone of any age.

Feeling Free by Mary Beth Sullivan, Alan Brightman and Joseph Blatt (Massachusetts: Addison Wesley Publishing Company, Inc., 1979) from the TV series by the same name, is a book in which 5 disabled teenagers talk about their lives and feelings. There are also awareness games (about signing and braille, etc.), stories, songs and plays.

I Have A Sister—My Sister Is Deaf by Jeanne Whitehouse Peterson (New York: Harper and Row, 1977) is a story about a young girl who is deaf, written by a woman whose own sister is deaf. The book shows how a deaf child experiences the world—she can feel the cat purr but cannot hear the wind chimes—and how she and her sister play together.

Let's Play Games (Games for the Handicapped, National Easter Seals Society, Department W.D., 2023 S. Ogden Ave., Chicago, Illinois 60612) contains more than fifty games which can be played and enjoyed by children with handicaps.

My Brother Steven Is Retarded by Harriet Langsam Sobol (New York: MacMillan Publishing Co., Inc., 1977) is a real life story told by 11-year-old Beth whose older brother Steven is retarded. She talks about what it's like to have a retarded child in the family. The text is accompanied by very poignant pictures of Beth, Steven and their family.

Reading Resources for Adults Who Work With Special Children

About Handicaps by Sara Bonnett Stein (New York: Walker and Co., 1974) is the story of Matthew who is normal, except for a crooked toe, and his friend Joe who has cerebral palsy. There are parallel texts for adults and children accompanied by photos of the 2 boys as they build a friendship.

Caring For Your Disabled Child by Benjamin Spock and Marion Lerrigo (New York: Collier Books, 1965) provides a good general overview of the issues faced by families with disabled children. Among the topics covered are: living with disability, medical care and education, your child's vocational future, sexual and social development, and tools and techniques for daily living.

Closer Look, available from Parents' Campaign for Handicapped Children and Youth, Box 1492, Washington, D.C. 20013, is a very thorough, readable newsletter which explains legislative developments affecting the rights of children with disabilities. Ask for their publication list.

A Difference in the Family by Helen Featherstone (Basic Books, Inc., 1980) is described by many parents as the "most worthwhile book written on the subject." It gives one insight into the impact of disability on the entire family.

Handling the Young Cerebral Palsied Child at Home by Nancie Finnie (New York: E.P. Dutton, 1975) covers all of the specific aspects of daily living with a cerebral palsied child—including handling, feeding, bathing, etc.

No Easy Answers—The Learning Disabled Child by Sally Smith (U.S. Dept. of Health, Education and Welfare. U.S. Government Printing Office Stock number 017-024-00687-4. 1978) gives a clear picture of the learning disabled child's behavior and development through adolescence.

Raising the Young Blind Child by Shulamith Kastein, Isabelle Spaulding and Battia Scharf (New York: Human Sciences Press, 1989) is a very usable guide which leads parents through all the developmental stages of the blind child.

Reach Out to a Special Child, available from Quality Child Care Press (P.O. Box 324, Mound, Minnesota 55364, $3) is an experiential book introducing family day care providers to children with disabilities.

Mainstreaming Preschoolers is an excellent series of "how to" books, each one focussing on a different disability. Each is $3.75, available from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402.

Understanding Young Children is another excellent series of booklets which describe in simple language and with good illustrations normal development and the effects of specific kinds of disabilities on development. Available from ERIC Clearinghouse on Early Childhood Education, University of Illinois, 805 W. Pennsylvania Ave., Urbana, Illinois, 61801.

General Resource Organizations for Child Care Providers

Licensing

Family Day Care Registration and Licensing Information: (639-4763) . Alameda County residents wanting to do care for 6 or fewer children have a newer, simpler process called "Family Day Care Registration." Providers wishing to care for 7-12 children must use the licensing process. Call BANANAS or number above for dates of orientation meetings.

Child Care Center Licensing Information: 464-1300. Licenses (out of home care) child care centers for 12 or more children.

Teacher Licensing and Preparation Office: P.O. Box 2670, Sacramento, CA 95812, (916) 445-7254. Write for an application for a children's center permit needed to work as a teacher in subsidized centers and many private centers. BANANAS also has information on the requirements.

Professional Associations (Call BANANAS for current contacts)

EBAEYC (East Bay Association for the Education of Young Children) is the local chapter of this nationwide association dedicated to the education of children and to the support of those who provide their care in early childhood education programs.

Family Day Care Associations are mutual support organizations where providers can get together to share their common concerns. Most offer umbrella insurance policies, food programs, educational programs and social activities.

Training

College of Alameda (522-7221) offers a Special Education Assistant Program for people interested in working with handicapped children in a preschool or elementary age setting.

Merritt College Child Development Program (531-6911, X2526) trains personnel for employment in the field of Early Childhood Education. Upon completion of the degree program graduates can be employed as teachers, assistants and aides in early childhood centers.

Support

California Food Policy Project (863-7480) assists licensed child care home providers with food cost reimbursement and meal planning.

Child Care Staff Education Project (653-9889) is a non-profit research, education and support organization to enhance child care working conditions for staff.

General Reading Resources for Child Care Providers

BANANAS publishes a wide variety of Handouts and Publications. Write for the publication list to: 6501 Telegraph Avenue, Oakland 94609.

Some examples include:

BANANAS Mini Art Guide
Can I Care for a School-Age Child?
Family Day Care Income Taxes
General First Aid Instructions
Parent and Child Together in Family Day Care — Will it Work for Me?
Provider-Parent Contracts
Safety Factors to Check for in the Family Day Care Home

Publications:

Sick Child Care for Parents and Child Care Providers, $3.60 includes postage
The Family Day Care Providers' Legal Handbook, $6 includes postage
Family Day Care Providers As Employers, $1.00 includes postage
BANANAS' Guide for Parents and Children, $9.00 includes postage.

Other Publications:

"Caring: Information for Family Day Care Providers" is a series of leaflets available free from the Cooperative Extension, U.S. Department of Agriculture, University of California, 94720.

"Child Care Information Exchange" (Roger Neugebauer, Editor, C-44, Redmond, WA 98052. $15/year for 6 issues) is a good source of nuts and bolts information on child care administration and program development.

"Educaring," the Journal of Resources for Infant Educaring (1550 Murray Circle, Los Angeles, CA 90026). $15 buys you membership in this organization dedicated to infant caring but you get their quarterly newsletter as well.

"Young Children," the Journal of the National Association for the Education of Young Children (1834 Connecticut Ave., N.W., Washington, D.C., 20009) is published bi-monthly spotlighting current projects, theory and research in early childhood.

Write to the following organizations and ask for their publication lists:

Development Materials,
Child Development Program
Texas Dept. of Human Resources
P.O. Box 2960
Austin, Texas 78769

Toys 'N Things Training
and Resource Center
906 Northdale
St. Paul, Minn. 55103

Quality Child Care Press
P.O. Box 324
Mound, Minn. 55364

BANANAS provides comprehensive information, resources and referrals on child care and children's services to parents and providers who live in Northern Alameda County. We serve the cities of Alameda, Albany, Berkeley, Emeryville, Piedmont and Oakland. BANANAS is a non-profit organization which began as an all-volunteer organization in the early 1970s and currently receives funding from the State Department of Education, private foundations and individual contributors.

BANANAS' Services to Child Care Providers:

- Referrals to your program. Please call our Provider Line (658-7353) if you have openings in your program.
- Technical Assistance in starting new programs including licensing information, free finger-printing (by appointment: 658-6046) and other support services.
- Sample Provider Forms such as provider-parent contracts, emergency and contagious disease exposure forms.
- Employment File and Substitute List—information on people interested in child care jobs or in substituting in your program.
- Curriculum Assistance—on-site technical assistance as well as BANANAS' Provider Workshops (for credit through Merritt College).
- Toy Lending Library for family day care homes, parent co-ops and playgroups.
- Pre-Crisis Counseling and support through difficult times. information on child development and referrals to other counseling agencies.
- Health and safety information.
- Information and advocacy on legislation and consumer safety issues relating to providers, parents and children.
- Bi-monthly newsletter available for $3/year subscription.

"BANANAS' Child Care Provider's Guide to Identifying and Caring for Children With Special Needs" has been published thanks to a grant from The San Francisco Foundation. Copyright © 1982.

BANANAS

CHILD CARE INFORMATION
AND REFERRAL SERVICE
6501 Telegraph Avenue
Oakland, CA 94609

BANANAS provides comprehensive information and referrals on child care and children's services to parents and providers who live in Northern Alameda County. We serve the Cities of Alameda, Albany, Berkeley, Emeryville, Piedmont and Oakland. Whatever the question – if you're "going *BANANAS*" and need information related to children, we're the place to call.

BANANAS' Phones:

Child Care Referral Phone: **658-0381**
(Referrals for the Deaf: **TTY 653-3900**)
Provider & Law Project Phone: **658-7353**
Health & Development Warm Line: **658-6046**
Oakland Vendor Program: **658-6177**
Business Phone: **658-7101**

BANANAS' Hours:

BANANAS is open Monday—Thursday 10—4, Tuesday evening 7—9 pm and Friday 10—1(we close Friday afternoon for a staff meeting).

BANANAS' Services to Parents:

- Referrals to all types of child care – family day care homes, center-based care, playgroups, co-ops, babysitters, night, weekend and shared sitter care – as well as information on how to choose appropriate care.
- Child care referrals for children with special needs.
- Assistance in finding subsidized child care. *BANANAS* operates a vendor program which helps Oakland parents of infants in paying for care. In addition, we can give you information about other subsidized programs in your area.
- Comprehensive referrals to other children's services in Northern Alameda County.
- Information on classes, support groups and special events for parents and/or children.
- Free clothing and equipment. (We welcome donations of infant & children's clothing and equipment. Receipt available for tax purposes.)
- *BANANAS'* Parent Workshops on a variety of parenting issues.

BANANAS belongs to a nation-wide Information and Referral Network. If you live outside our service area, we can help you find an information & referral service near you or give you information on how to "grow your own."

BANANAS' Resources For Parents and Providers:

- Pre-Crisis Counseling by *BANANAS'* Social Worker Betty Cohen offering support through difficult times, information on child development and referrals to other counseling agencies, **658-6046**.
- Health and Safety Information from *BANANAS'* Public Health Nurse Judy Calder, **658-6046**.
- Information and Advocacy on legislative and consumer safety issues relating to providers, parents and children.
- *BANANAS'* Publications – Handouts on a variety of parent and provider related topics, bi-monthly Newsletter and Guide. (Call or write us for a complete listing of our Handouts or to subscribe to our Newsletter.)
- *BANANAS'* Book and Resource Reference Library – books and articles on child development, child care and parent issues.
- *BANANAS* ofrece todos sus servicios en español. Llame y pregunte por Blanca Tello, 658-7353. Services in other languages available by appointment.

BANANAS' Services to Child Care Providers:

- Referrals to your program. Please call our Provider Line: **658-7353** if you have openings in your program.
- Assistance in starting new programs including licensing information, free finger-printing (by appointment: **658-6046**) and other support services.
- Sample Provider Forms such as provider-parent contracts, emergency and contagious disease exposure forms.
- Employment File and Substitute List – information on people interested in child care jobs or in substituting in your program.
- Curriculum Assistance — on-site technical assistance as well as *BANANAS'* Provider Workshops (many for credit through Merritt College).
- Toy Lending Library for family day care homes, parent co-ops and playgroups.
- Legal Information in conjunction with the Bay Area Child Care Law Project.
- Assistance in obtaining free crafts materials for your program.

BANANAS can help child care providers connect with each other through associations and child development organizations. Call us for information on local, state and national groups.

Some Thoughts
On Our Referral Policy:

When parents call *BANANAS* for child care referrals, we try to give them the widest possible selection of child care providers. We believe that parents are best able to choose and evaluate child care for their children because parents know their children's needs better than anyone else.

Our goal is to support parents by giving them information on the available child care choices and by encouraging them to act on their own knowledge and feelings as they select among these possibilities.

Looking for child care is hard work. No one else can do it for you. We urge parents to be comparison shoppers and to give themselves lots of time to visit & evaluate programs.

Responsibility for selecting and employing a child care provider rests with each parent. We cannot guarantee the quality of the providers we refer to and urge parents to carefully interview and check references before leaving a child in care.

BANANAS is a non-profit organization (donations gladly accepted and tax deductible). We began our service as an all-volunteer organization in 1973. We currently receive our funding from the State Department of Education, private foundations and individual contributors. For $3 per year you can be a contributing supporter of *BANANAS* and receive our bi-monthly Newsletter.

Non-Profit Org.
U.S. Postage
PAID
Berkeley, Calif.
Permit No. 1365

BANANAS Child Care Information & Referral
6501 Telegraph Avenue
Oakland, CA 94609

Can I Care for a Special Child?

---- a question for childcare providers.

The answer lies in your response to the question, "Do I want to?" Then, ask yourself, "Do I like children? Do I have a lot of patience? Am I willing to learn?" If the answers are yes, then some parent may be in desperate need of your services.

"WHAT IS A SPECIAL CHILD?"

A child with special needs is one who, because of physical, emotional or health reasons, requires some special care. The kinds of disabilities vary greatly from simple allergies to moderate retardation, to a child with a terminal illness.

"HOW DO YOU CARE FOR A SPECIAL CHILD?"

No one approach can be applied to all children, but there are some basic principles:

-Children with disabilities are more like other children than they are different.
-Children should be encouraged to help themselves as much as they can. A balance is necessary; give them enough freedom, yet don't push too much.
-Children like to follow routines--include exercise, play, good food and fresh air.

"WILL ANYONE HELP ME?"

As a caregiver, advice and assistance are available to you from many resources:

Parents: Share your observations wtih them, consult them, keep in close contact.
Agencies: Seek out services which offer to follow children with special needs. Judy Calder at BANANAS will help you find the right organization.
Books: Read as much as you can about the child's disability but take directions from the parent.

Because caring for a special child is an individualized matter, much of what you will be learning is O.J.T.--On the Job Training. But don't worry, You'll never be left on the job alone. BANANAS will always be there to offer advice and support, help you plan, and find the resources you need to work with your special child.

INTRODUCING . . .

BANANAS' SPECIAL NEEDS SERVICES

BANANAS is now available to respond to the needs of special children in Northern Alameda County. This new component will basically parallel our other services to parents and providers. Our purpose is to connect special children, their families, and their child care providers with the services they may need. We can now make phone referrals to these services:

-Child Care (preschool, infant, before and after school)
-Respite
-Parent Support Groups
-Recreation
-Consultants
-Medical Services
-Educational Resources
-Community Agencies

BANANAS staff is also available to consult with families and providers needing advice on working with special needs children by phone or on site.

If you know a family which needs these services, or if you are a child care provider who would also like to serve special kids, please call BANANAS at 658-6177, or stop by at 6501 Telegraph, Oakland, 94609.

THIS PROJECT IS MADE POSSIBLE BY A GRANT FROM THE SAN FRANCISCO FOUNDATION

"WHAT KINDS OF CHILDREN MIGHT NEED CHILD CARE OR OTHER CHILDREN'S SERVICES?"

BANANAS will help families find services for children with all kinds of disabilities. Below are some broad categories of disabilities and what they mean.

COMMUNICATION DISORDERS - This child cannot hear well or at all, or may have speech problems.

DEVELOPMENTAL DISABILITIES - This category includes children with epilepsy, cerebral palsy, retardation, autism or neurological handicaps. These children are slow to develop.

EMOTIONAL DISTURBANCE - A child with emotional disturbance may need help learning to relate to others as well as to daily routines.

HEALTH IMPAIRMENTS - This child requires specialized care due to a chronic health problem such as asthma, diabetes, epilepsy or sickle cell anemia or due to terminal illness.

LEARNING DISABILITY - A learning disabled child needs specialized care because he needs to learn in different ways. For instance, a child who can't read may need clear verbal instructions. This child may also have behavior problems.

PHYSICAL DISABILITY - This is a child who is born with a physical condition or acquires it through an accident, whose movement is limited in some way. This child may have special equipment such as braces, crutches or a wheelchair.

VISUAL IMPAIRMENT - A child who is visually impaired cannot see well or at all.

RESOURCES

Books and Magazines:

CARING FOR YOUR DISABLED CHILD,
Benjamin Spock, M.D. & Marion Lerrigo, Ph.D.
Collier Books, New York 1965.

"The Exceptional Parent" (magazine)
P.O. Box 101, Back Bay Annex,
Boston, Mass. 02117.

The following publications are available from the Superintendent of Documents, U.S. Gov't Printing Office, Washington, D.C. 20402:

DAYCARE 2: SERVING INFANTS no. 071-091-000164-2

MAINSTREAMING PRESCHOOLERS (series)

With Emotional Disturbance	017-092-00036-7
With Health Impairments	017-092-00031-6
With Hearing Impairments	017-092-00032-4
With Learning Disabilities	017-092-00035-9
With Retardation	017-092-00029-4
With Orthopedic Handicaps	017-092-00034-1
With Speech Impairments	017-092-00033-2
With Visual Handicaps	017-092-00030-8

For Children:

"About Handicaps, An Open Family Book for Parents and Children Together,"
Sara Bonnett Stein, Walker & Co., New York 1974.

"What If You Couldn't ?" by Janet Kamien.

"What Do You Do If Your Wheelchair Gets A Flat Tire?" Scholastic Books.

"An Exceptional View of Life," written and Ill. by handicapped children. McGrath/Krauss, An Island Heritage Book.

RESOURCES

Diagnosis and Therapy:

CHILDREN'S HOSPITAL -- CHILD DEVELOPMENT CENTER 428-3351

Comprehensive evaluation, diagnosis and treatment of all disabilities.

For other information call 428-3000

Children's has specialty clinics in: Communication Disorders; Allergy; Eye, Ear, Nose and Throat; Genetic Counseling; Psychiatry; Plastic Surgery; GYN-teen; Scoliosis; Well-child; Family Guidance; and many others.

REGIONAL CENTER OF THE EAST BAY 451-7232

Serves Developmentally Disabled individuals through diagnosis, financial assistance, advocacy, and long range planning.

Parent Support/Resource People:

CALIFORNIA ASSN. FOR NEUROLOGICALLY HANDICAPPED CHILDREN (CANHC) 834-7897

UNITED CEREBRAL PALSY 832-2013

ASSN. FOR RETARDED CITIZENS OF ALAMEDA COUNTY 632-4300

EPILEPSY LEAGUE 893-6272

DOWN'S SYNDROME LEAGUE 254-2980

ALAMEDA COUNTY LUNG ASSN. 893-5474

VARIETY CLUB (Visually Impaired Infants) 673-2554

MEDIC ALERT (Medical I.D. Bracelet) (209) 668-3333

TwinLine

(415) 654-0613

for parent support and twin studies

Twinline is an independent project sponsored by BANANAS to develop ways of supporting families with twins and all other multiples.

Our services include:

- Twinline Telephone (415) 654-0613
  Twinline operates an advice, information and referral telephone for twins, their families and the professionals who work with them. Calls are answered in person Monday and Friday between 10 and 3, and at other times by answering machine. Services in Spanish and Chinese are available by appointment.
- Parent Support Meetings
  Twinline sponsors bi-monthly meetings to introduce new and experienced parents of twins to each other. These evening meetings offer an informal chance to exchange survival skill strategies. Free child care is provided.
- Twinline Family Network
  Through the Twinline telephone we connect families with similar needs for advice and moral support.
- Twinline Handouts
  We publish a series of handouts about twin care and development.
- Twin Studies
  We initiate studies which focus on the needs of twins and their families.

Twinline, 6421 Telegraph Avenue, Oakland, CA 94609.
This project is made possible by grants from The Stulsaft Foundation and State Department of Health Services contract #81-77705.

BANANAS' Special Needs Referral Project

The Special Needs Referral Project parallels BANANAS' other referral services. We help parents locate child care for children with special needs resulting from disability or chronic or terminal illness.

Our services include:

- Individualized referrals to all types of child care — family day care homes, center-based care, playgroups, co-ops, babysitters — all of whom have expressed interest in caring for children with special needs.
- Referrals for full time, part time, before/after school, summer recreation or occasional child care.
- Referrals to a mainstreamed or specialized setting according to the parents' wishes.
- Referrals to other child-related and disability-related agencies in Northern Alameda County.
- Informal workshops to help child care providers explore issues related to child care for special children.
- Solicitation of support for each provider of special care from agencies and individuals working with the child.

Although we make referrals intended to meet both the needs of the child and the geographical, financial and social needs of the family, it is always the parents' responsibility to decide if the provider is appropriate for their family.

This project is made possible by a grant from The San Francisco Foundation.